

WISCONSIN INDIANHEAD TECHNICAL COLLEGE  
ASSOCIATE DEGREE NURSING  
STUDENT HANDBOOK

**STUDENT PROGRAM RE-ENTRY REQUEST FORM**

To begin the re-entry process, the student must first contact the ADN Program Director, Kirsten Dieckman, email: [kirsten.dieckman@witc.edu](mailto:kirsten.dieckman@witc.edu)

**Students can only reenter *once* to the ADN program after dismissal.**

**Campus**    Ashland    New Richmond    Rice Lake    Superior

Student Name: \_\_\_\_\_ I.D. # \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Course Name(s) & Number(s):  
\_\_\_\_\_

Reason for reentry request (Check all that apply):

Student or  Instructor-initiated withdrawal       Academic       Personal

**Required – Brief explanation for reentry request: (Attach sheets or use other side as needed)**

When approved, the ADN Program Coordinator, Mary Slisz-Chucka, will notify you of any clinical requirements that need to be updated. These requirements may include items listed below.

- Signed Functional Abilities form
- TB test
- CPR for Health Care Providers certification
- Physical exam
- Immunizations
- Background checks as indicated
- Required Textbooks

This form is to be completed and returned via email to the ADN Program Director within 10 business days of withdrawal or failure of the course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**College Use Only**

\_\_\_ Repeating an ADN course(s) from WITC or another WTCS college

\_\_\_ Has not taken a course in more than one semester

\_\_\_ Dismissed student

Date Form Received by Program Director: \_\_\_\_\_