

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

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 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: _____