

Intent to Reenter OTA Program

This form must be returned within ONE month of exiting the program.

Name: _____
Last First MI

Student ID Number: _____ Campus _____

WITC Email address: _____

Home Phone No. (_____) _____ Cell Phone No. (_____) _____

Current Mailing Address: _____

Street/RFD/PO Box

City

State

Zip

I have not successfully completed the following course(s) during ONLY the Spring 2021 semester (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> 806-177 General Anatomy & Physiology | <input type="checkbox"/> 514-179 Community Practice |
| <input type="checkbox"/> 514-171 Intro to Occupational Therapy | <input type="checkbox"/> 514-182 Physical Rehabilitation Practice |
| <input type="checkbox"/> 514-172 Medical and Psychosocial Conditions | <input type="checkbox"/> 514-183 Pediatric Practice |
| <input type="checkbox"/> 514-173 Activity Analysis & Applications | <input type="checkbox"/> 514-184 OTA Fieldwork I |
| <input type="checkbox"/> 514-174 OT Performance Skills | <input type="checkbox"/> 514-185 OT Practice & Management |
| <input type="checkbox"/> 514-175 Psychosocial Practice | <input type="checkbox"/> 514-186 OTA Fieldwork IIA |
| <input type="checkbox"/> 514-176 OT Theory & Practice | <input type="checkbox"/> 514-187 OTA Fieldwork IIB |
| <input type="checkbox"/> 514-178 Geriatric Practice | |

Select one option:

_____ I commit to reenter the Occupational Therapy Assistant Program to repeat this course(s) in the Spring 2022 semester or as space is available and the course is offered.

_____ I will take this course(s) at another WTCS college and will reenter in the Spring 2022 semester.

I understand that I will have the opportunity to reenter the OTA program with priority over other students waiting to enter the OTA program for one year and for one time, only. I understand that if I do not reenter the OTA program at the time designated above, I will forfeit my priority status and will be eligible to reenter the OTA program after other students waiting to reenter the program (first-time reentry, transfer students) have had an opportunity to reenter.

Student's Signature: _____

Date: _____

Mail to: Becky Mika
WITC-Ashland
2100 Beaser Ave
Ashland WI 54806