

NORTHWOOD TECHNICAL COLLEGE  
ASSOCIATE DEGREE NURSING  
STUDENT POLICIES

**TRANSFER OF STUDENT ACADEMIC STANDING INFORMATION PERMISSION  
AND STATEMENT OF UNDERSTANDING**

**Failure to disclose ADN coursework attempts taken at other WTCS ADN programs constitutes academic dishonesty and will be considered as grounds for dismissal from the Northwood Tech ADN program.**

I \_\_\_\_\_ grant permission to the Northwood Tech Nursing Program  
*(please print name)*

Director to provide the information listed below regarding my academic standing and program eligibility to the ADN Program at \_\_\_\_\_  
*(please print name of WTCS ADN program)*

A copy of this document will be sent to: \_\_\_\_\_  
*(email address of other WTCS ADN program contact)*

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

Northwood Tech Student ID: \_\_\_\_\_

**Please complete and return this form via scanned/email attachment to:**

*Lorraine Sacino Murphy, EdD, MSN, RN CNE  
Associate Dean, Nursing/ADN Program Director  
Northwood Technical College  
1900 College Drive  
Rice Lake, WI 54868  
lorraine.sacinomurphy@northwoodtech.edu*



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**STATEMENT OF UNDERSTANDING FOR ADN COURSEWORK TAKEN AT  
OTHER WTCS SCHOOLS OF NURSING**

I am choosing to take an Associate Degree Nursing course at a Wisconsin Technical College System (WTCS) ADN program *other than Northwood Tech*. I understand that I must complete at least 25% of my nursing courses at Northwood Tech to be eligible to earn my nursing degree from Northwood Tech. I understand that all 4th semester nursing courses must be completed at Northwood Tech in order to receive a degree from Northwood Tech. I further understand that enrolling in a nursing course at a program other than Northwood Tech will be considered an attempt at a core nursing course and is subject to all policies regarding ADN coursework in the Northwood Tech ADN program. In the event that I withdraw from or fail the course at another institution, all Northwood Tech ADN program policies and protocols regarding withdrawals or failures will apply.

Name of other WTCS ADN program where I will enroll:

\_\_\_\_\_

COURSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ Fall Term \_\_\_\_\_ Spring Term \_\_\_\_\_ Summer Term \_\_\_\_\_

COURSE TITLE \_\_\_\_\_

Student Print Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

An official transcript from where the WTCS course was taken must be sent to Northwood Tech immediately upon course completion, **including coursework from which the student withdraws or fails**.