NORTHWOOD TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING STUDENT POLICIES

| REQUEST | TO TRANSFER TO | ANOTHER NORTHWOOD TECH CAMPUS FOR | THE ADN PROGRAM |
|------------------|---------------------|---|-----------------|
| Student Name: | | Student ID: | |
| Student Northwe | ood Tech Email Ad | dress: | |
| Campus current | y attending: | | |
| Campus desired | to attend: | | |
| Desired semeste | er to attend (ADN 1 | , ADN 2, etc.): | |
| | m. I understand tha | Northwood Tec At I may transfer to another campus one time during r | |
| | e e | ransfer to another campus that I must contact the Adr rom and the campus where I will transfer to notify the | |
| | | r to another campus if there is space available and th I in the "D-02-Course Reentry Process and Priority Sta | , , |
| Student Signatur | re | Date | |
| Approved | Not Approved | | |
| | | Associate Dean of Nursing/ADN Program Director | date |
| | As | npleted form must be scanned/emailed or mailed to Lorraine Sacino Murphy, EdD, MSN, RN, CNE ssociate Dean of Nursing/ADN Program Director Northwood Technical College 1900 College Drive Rice Lake, WI 54868 I: Iorraine.sacinomurphy@northwoodtech.edu |). |