

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: _____

Northwood Tech email address: _____

Primary Phone: _____ Alternate Phone: _____

Current Mailing Address: _____
Street/RFD/PO Box

_____ City State Zip

I have not successfully completed the following course(s) during the **Fall 2024** semester (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"/> 514-189 OT Physical Rehabilitation Practice |
| <input type="checkbox"/> 514-172 Medical and Psychosocial Conditions | <input type="checkbox"/> 514-190 OT 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 Northwood Tech OTA program to repeat the course(s) above in the **Fall 2025** semester or as space is available and the course is offered.

I will take this course(s) at another WTCS college and commit to reenter the Northwood Tech OTA program in the **Fall 2025** semester.

I understand that I 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: _____

Email to: Becky Mika at becky.mika@NorthwoodTech.edu