

PETITION FOR ENTRY FORM
Spring 2009 Semester
ADN CORE NURSING COURSES

Note: Only students who have applied to and have been officially admitted to WCTC's Nursing Program are eligible to petition!

Preference: Full-Time _____ Part-Time _____

Name: _____ ID: _____ Date: _____

Address: _____ City _____ State _____ Zip _____ Phone # _____

Priority admission will be given to students who have completed the following requirements:

- | | |
|---|-------------------------------------|
| _____ General Education Requirements with a grade of C or better: | |
| _____ Written Communication | _____ Oral Communication |
| _____ General Anatomy & Physiology | _____ Advanced Anatomy & Physiology |
| _____ Developmental Psychology | _____ Microbiology |
| _____ Introduction to Psychology | _____ Introduction to Sociology |
| _____ 6 credits of Electives: | |
| _____ | _____ |

_____ Remediation requirements, if any, completed

*****Note: If you are in progress with any of the above requirements write IP or In Progress next to it.
All credit transfers must be completed and posted at the time of Petition.

***** **If you are transferring in credits from another college make sure that they have been transferred by e-mailing Karen Kilmer (Admissions) at kkilmer@wctc.edu.**

Provide written documentation / copies of the following:

- _____ Completed Criminal Background Self Disclosure Form and a check for \$8.00
- _____ Current CPR Healthcare Provider certification
- _____ Check for \$20 for the Nursing Entrance Test (NET)
- _____ Nursing Assistant Class completion: Place: _____ Date: _____
- _____ Copy of your OIS – unofficial college transcript with courses highlighted (mywctc – “my account OIS”)

All checks should be made out to WCTC. You will need 2 separate checks for the above requirements.

Staple your documentation, checks and other information in the upper left corner with the signed Petition Form on the top.

Place your packet in a sealed envelope and return to the Program Counselor's office no later than 4:00 pm on September 14, 2008. Mailed packets must be postmarked no later than September 14, 2008. (Diana Skornicka, WCTC, 800 Main St Rm #H101, Pewaukee, WI 53072)

Late or incomplete packets WILL NOT be considered. You will need to complete the petition process in a subsequent semester.

Please read and initial the following statements – I understand that:

_____ if I am *selected and choose not to begin* the core nursing courses, my application will be voided and I **MUST** submit a new petition packet when I am ready to enter.

_____ if I am selected as an “*alternate*” and *not chosen to begin* core nursing courses, I **MUST** submit a petition packet indicating my interest in beginning clinical core courses the following semester or when I am ready to enter.

_____ I will be notified via letter within 60 days of the petition window deadline if I have or have not been accepted to begin the core nursing courses. DO NOT call to inquire about your selection status.

_____ I will need to have an acceptable Criminal Background Check before starting the core nursing courses.

_____ I will need to complete or provide documentation of health requirements to the Community Nursing Clinic (CNC) before starting core nursing courses. (Immunizations, Hepatitis B series, TB skin test, etc)

_____ I will need to fill out a form verifying that I can perform the essential functions required of a nurse.

_____ I must complete the NET (Nursing Entrance Test) prior to starting my nursing courses.

_____ I must attend a mandatory nursing orientation held on campus prior to starting the core nursing courses.

_____ I must pass the NA Skills Mastery test prior to starting the first clinical nursing course.

Student signature: _____ Date: _____

Enclosures:

- Check for \$8.00 made out to WCTC for Criminal Background Check
- Check for \$20.00 made out to WCTC for NET
- Completed Petition for Entry Form
- Copies of requested documents (Nursing Assistant training verification, Self disclosure Form, CPR)
- Copy of OIS

Office Use Only

Application date: _____

Selection status:

_____ Core clinical courses _____ Alternate _____ Not Selected