WAUKESHA COUNTY TECHNICAL COLLEGE

WCTC School of Health 800 Main Street Pewaukee, WI 53072 262.691.5579 (Phone)

Nursing Course Re-Entry Request Form

- Only students who have applied to, and have been officially admitted to WCTC's Nursing Program and have previously been enrolled in core nursing courses at WCTC are eligible to submit a Course Re-Entry Request Form.
- Form must be submitted at least 3 business days prior to the start of the course.

To be completed by student at	time of requesting re-entry:	
Name:		
WCTC Student ID:		
Contact Phone #:		
Student WCTC e-mail:		
Please indicate which Nursing Cour	se(s) and Semester you are requesting re-entry for:	
Course Number/Name	CRN (if available) or preferred delivery	Semester (spring 1, 2; fall 1, 2; summer)
program policy. If you were given p	ent Handbook. nealth, safety, criminal background check, and drug permission to take a course outside of WCTC, a pern en received demonstrating successful completion o	nit will not be granted until an official
Student complete signature:		
Date of Course Re-entry Request For	rm submission:	
Course Re-Entry Request Form	Submission Procedure:	
 This form should be emailed MBurzynski1@wctc.edu 	as an attachment to Mary Ann Burzynski, Nursing F	Program Administrative Assistant,
Re-entry into any nursing cou Handbook.	urse will follow Registration Process for Nursing Cou	urses found in the Nursing Student
	d via WCTC e-mail when it is determined if there is a 8 week term prior to the term the repeat course is b	•
4. Please know that notification	of registration could occur up to the day before the	e course is starting.

For Office use only Date Received:

Date student notified:

