

2020-21
Wisconsin Indianhead Technical College
Nursing-Associate Degree
Commitment to Enter ADN Program

Name: First, Last, MI _____

Student ID Number: _____ Home Phone No. (_____) _____

Email address: _____ Cell Phone No. (_____) _____

Permanent Address:
Street/RFD/PO Box: _____

City, State, Zip: _____

Mailing Address:
Street/RFD/PO Box: _____

City, State, Zip: _____

I commit to enter the Associate Degree Nursing Program in the semester of _____

At the WITC _____ Campus.

If, after I have attended the ADN Program Orientation, I decide that I will not be able to begin the ADN core program, I understand that it is my responsibility to notify the **campus Admissions Advisor**. By notifying the campus Admissions Advisor of my desire to not enter the ADN program at the above-declared semester, I understand I will need to reapply during the next petition process.

Finally, I understand that I **must attend the mandatory orientation session** prior to the semester I begin the core ADN coursework, even if this means I will have attended multiple orientation sessions. Since the ADN program is constantly updating and revising program requirements, it is essential to attend the orientation for the class I will attend.

Student's Signature: _____ Date: _____