

## 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 \_\_\_\_\_

WITC Email address: \_\_\_\_\_

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_\_) \_\_\_\_\_

Current Mailing  
Address: \_\_\_\_\_  
Street/RFD/PO Box  
\_\_\_\_\_  
City State Zip

I have not successfully completed the following course(s) during ONLY the Fall 2020 semester (please 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"/> 514-182 Physical Rehabilitation Practice |
| <input type="checkbox"/> 514-172 Medical and Psychosocial Conditions | <input type="checkbox"/> 514-183 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 Occupational Therapy Assistant Program to repeat this course(s) in the Fall 2021 semester or as space is available and the course is offered.

\_\_\_\_\_ I will take this course(s) at another WTCS college and will reenter in the Fall 2021 semester.

I understand that I will 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: \_\_\_\_\_

Mail to: Becky Mika  
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