



Transfer Student Academic Standing

Associate Degree of Nursing Program

Permission:

I, _____, grant permission for _____ to
(please print) (please print)
provide information regarding my academic standing and program eligibility to the Associate Degree
Nursing Program at Blackhawk Technical College.

Signature: _____ Date: _____

The following information is to be provided by the Dean, Associate Dean, or Director of the Nursing Program you are transferring from. Please return this form to:

ATTN: Nursing A&P Committee
Blackhawk Technical College
6004 S County Rd G
PO Box 5009
Janesville, WI 53547-5009
Email: nursingap@blackhawk.edu

Student Name	Name of School Transferring From
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Academic Standing

Good Probation Suspended Other, explain: _____

Eligibility to Return to the Program

- May return unconditionally
 May return on condition: _____
 Not eligible to return

Comments

Signature/Title: _____ Date: _____