



**Practical Nursing and Associate Degree Nursing Programs
Transfer Student Academic Standing**

I, _____, grant permission for _____
(Print Name) (Print Name of School)

to provide information regarding my academic standing and program eligibility to the Nursing Program at Mid-State Technical College.

Signature: _____ Date: _____

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

**Brian Sadler – Student Affairs Admissions Office
Mid-State Technical College
500 32nd Street North
Wisconsin Rapids, WI 54494
Or fax to 715-422-5440.**

Student Name: _____

Academic Standing

- _____ Good
- _____ Probation
- _____ Suspended
- _____ Other – Explain: _____

Eligibility to Return to the Nursing Program

- _____ May return to the program.
- _____ May return on condition: _____
- _____ Not eligible to return – Explain: _____

Comments

Signature and Title

Date