

Intent to Enroll Form
Practical Nursing Program
Health and Public Safety Division

Name _____

Student ID _____

Please assure that all items have been completed, attached, and/or submitted to Enrollment Services, which is located in the Welcome Center on the La Crosse campus. **Do not** mail in the Intent to Enroll form. **The Intent to Enroll form will be submitted at your mandatory Enrollment Services Advisor meeting.** This meeting will be scheduled **after** you have completed all of the requirements in Step II, as outlined in the program admission requirements. An appointment with an Enrollment Services Advisor can be scheduled at (608) 785-9553. We recommend that you retain copies of each document submitted to Western for your personal records.

Program Admission Requirements:	Completed/ Initials
STEP I – Application to the College	
1. Submit WTCS Application Form and \$30 application fee. http://www.westerntc.edu/admissions Then click on Application PDF	
2. Submit copies of Transcripts: High School and College, if applicable.	
3. Complete Reading, Writing, and Math course/ placement testing requirements. Contact the Assessment Center to schedule at (608) 785-9566. (See Satisfactory Placement Scores under the Admission Requirements tab.)	
STEP II – Application to the Program	
1. Read Mandatory Online Program Overview .	
2. Submit Background Information Disclosure form and fee.	
3. Meet reading requirement as outlined in the online program overview.	
4. Meet math requirement as outlined in the online program overview.	
5. Meet writing requirement as outlined in the online program overview.	
6. Completion of a Wisconsin Department of Health Services approved Nursing Assistant course. This requires a minimum of 120 hours of instruction and must include a clinical component.	
7. Completion of one year of High School or one semester of Developmental or College Biology with a C or better.*	
8. Completion of one year of High School or one semester of Developmental or College Chemistry with a C or better.*	
9. Satisfactory performance on the Nursing Pre-Admission Examination (Licensed Practical Nurses applying for advanced placement in the third semester are exempted.) *Note, this examination is in addition to the ASSET/COMPASS, or ACT test that you have taken previously. Equivalent exams may be accepted in lieu of the Nursing Pre-Admission Examination).	
10. Complete American Heart Association BLS Healthcare Provider and submit copy of CPR card. Must be maintained throughout the program.	
11. Read program Essential Functions .	
12. Submit completed Immunization form , including TB. TB test to be maintained annually through out program.	
13. Completion of General Anatomy and Physiology #10-806-177 with a C or better.	

*This is a pre-requisite for taking General Anatomy and Physiology.

SUBMIT THIS FORM (PAGES 1 AND 2) AT YOUR SCHEDULED MEETING.

My signature below signifies that I have completed these requirements and intend to enroll in program courses as soon as possible:

Yes No

- Completed the program admission requirements.
- Read the online program overview and understand:
 - The specific program requirements (e.g. travel for clinical, purchase of materials, etc.)
 - How to contact program faculty and/or Enrollment Services if I have any questions or concerns.
 - That it is my responsibility to keep my contact information (address/phone number) current with Enrollment Services.
- I have read and I understand the Essential Functions relative to the program.
 - I am able to meet the Program Specifications and do not need any reasonable accommodations to meet those standards at this time.

___(√) I require the following reasonable accommodation(s) to meet the Program Specifications:

Check your preference:

- ___ La Crosse – begins every fall and spring semester
- ___ Mauston – begins every other fall semester (even years)
- ___ Viroqua – begins every other fall semester (odd years)

Student Signature

Date

Enrollment Advisor/Counselor Signature

Date

Retain a copy for your records. Schedule a meeting with an Enrollment Services Advisor/Counselor.
 Western Technical College
 Enrollment Services, Welcome Center
 400 Seventh Street North, PO Box C-0908
 La Crosse, WI 54602-0908
 608-785-9553