



Nursing Program Deferral Request Form

Name: _____ NTC ID#: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Students have one opportunity to request DEFERRAL with either of the nursing programs at Northwest Technical College for up to **one year**. A deferral request is granted for returning students who for personal reasons needs to temporarily step out of the nursing program.

The Deferral Request Form must be submitted to the Nursing Program Director within one week before the start of the semester or by the official drop date on day five of the semester. The form must be complete and include the reason and rationale behind the deferral request. The following details are required to be addressed:

- Academic activity and plan of action during the year of deferral
- Tentative schedule to visit with an advisor, or instructor before the semester start
- Personal success plan for the returning semester

Note: A deferral request is not applicable after failing one or more co-requisite nursing classes or co-requisite general education classes (Course grade of C-, D, F, or withdrawal is considered a course failure). These are addressed with a Nursing Program Resequencing Request Form.

___ I understand the absence of one year from nursing school may result in a loss of academic momentum and focus, with a potential decline in study skills and content retention.

___ I understand the clinical site to which I originally registered will not be guaranteed.

___ I understand I may incur additional fees upon my return to the nursing program, and I may not receive full reimbursement for resources already purchased.

___ I understand I have no longer than one year to return to the program after a deferral request.

Submit required documentation to:

Nursing Program Director via email or mail to
Nursing Program Office
905 Grant Ave SE
Bemidji, MN 56601

Nursing Program Deferral Request Form

1. Identify your reason(s) for requesting a Nursing Program Deferral.

For Students Requesting Deferral Mid-Program:

2. Describe your academic activity and plan of action to stay current in your nursing knowledge during the deferral time period and how this will prepare you for success in the semester in which you return.

3. Outline your tentative schedule to meet with an advisor, or instructor upon your return.

By signing below, I acknowledge I understand the concerns outlined on page one of this form. I understand it is my responsibility to meet the conditions outlined in the deferral form. If conditions are not met, I realize my spot in the NTC Nursing Program is not guaranteed.

I understand I must contact the Nursing Department by July 15th for the fall semester and December 1st for the spring semester if I am not planning to return to NTC.

Student Signature: _____ Date: _____

Program Director

Accepted _____ Declined _____ Signature _____ Date: _____

Director Comments: _____
