MILWAUKEE AREA TECHNICAL COLLEGE
SCHOOL OF HEALTH SCIENCES
Prior Approval to Transfer Theory Courses
From Another Wisconsin Technical College District to MATC

Policy

This option is only available to students who have been accepted into core technical courses at MATC. Approval for all on-line theory courses is at the discretion of the program Associate Dean.

- Students must be in good standing in their Health Sciences program. Students who fail or withdraw from one core technical course may not repeat that course at another college. Students who have been readmitted to a program are not eligible to take any core technical courses at another college.

- Clinical or skills courses may not be taken at another WTCS district, College or University. Additional program-specific requirements may be in place, check with the program Associate Dean. (Note: Level 1 and Level 4 nursing theory courses may not be taken on-line at another WTCS district.)

- Approval for on-line courses will be considered after grades for pre-requisite courses are verified.

- Failure to obtain prior approval may result in the course not being accepted for transfer credit.

- Students must complete one form for each course they intend to transfer.

- Students must agree to abide by all of the policies of the MATC School of Health Sciences, including requirements for passing classes taken at other districts with a grade of 80% in order for the transfer credit to be accepted.

- If a student withdraws from or fails a course at another WTCS district, he or she must notify the program Associate Dean immediately and it will count as an unsuccessful attempt at a core technical course. The student will be subject to the MATC School of Health Sciences Readmission policies.

- An official transcript must be submitted to the MATC Registration Department within two weeks of completing the course and before the following semester.

Student Name: ________________________  Student ID #___________________  Date: _______________

Course Number: ____________  Semester and Year: ______  College where course will be taken:______________

Student Signature: ____________________  Student MATC email address (Print) __________________________

This form must be submitted to the School of Health Sciences office in room H116 at the Milwaukee campus or room B201 at the Mequon campus.

Office Use Only Below This Line:

Enrollment in transfer course approved:

Signature of Associate Dean:_____________________________  Date:___________________

06.12.12