



REQUEST TO DELAY OR WITHDRAW FROM THE TEACHER PREPARATION PROGRAM

Name: _____ Student ID #: _____

Email: _____ Phone: _____

I am in Semester (select one: I, II, III): _____ Semester/Year: _____

Indicate Credential Program:

- Multiple Subject – 2-semester or 3-semester: _____
- Single Subject – Teaching Major: _____
- Special Education – which program?: _____

Please check the appropriate box under either ‘Delay’ or ‘Withdraw’:

DELAY:

- I intend to complete Semester _____ this semester. I anticipate returning (semester/year) _____.
- I have completed Semester _____ in (semester/year) _____. I anticipate returning (semester/year) _____.
- I intend to withdraw from Semester _____ now. I anticipate returning (semester/year) _____.

NOTE: We will try to accommodate requests to re-enter the Teacher Preparation Program, but we cannot guarantee re-admittance to the program. Students who do not complete the first semester of the program must reapply.

WITHDRAW: (Students who do not complete the FIRST semester of the program must reapply)

- I do not intend to enter the program at this time and I do ___ or do not ___ intend to withdraw from Sac State.
- I do not intend to continue in the Teacher Preparation Program. I intend to complete/have completed this semester.
- I do not intend to continue in the Teacher Preparation Program or to complete this semester.

Reason for Delay or Withdrawal (use reverse side if necessary):

Student Signature _____ Date _____

Faculty Program Advisor:

“My signature below indicates that I have met with the above named credential candidate and that I concur with his/her request to delay or withdraw from the Teacher Preparation Program.”

Faculty Signature _____ Date _____

For Department Use Only: DB and E-File Updated By: _____ Date: _____