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**Center for Teaching Preparation & Partnerships**

**College of Education**

**Request to Withdraw Placement Application**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please indicate which field experience you are currently registered for.*

**Clinical Experience \_\_\_\_\_\_ Clinical Practice \_\_\_\_\_\_**

**Semester/ Year: \_\_\_\_\_\_\_\_\_\_\_**

This letter serves as notice to the Center for Teacher Preparation & Partnerships that I am withdrawing my placement application. I understand that I must complete the application process again when I intend to complete the Clinical Experience/Clinical Practice and that I must meet all deadlines for the new application.

**Reason for Withdrawal:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------------------------------------------------------------------------------**

***For office use only:*** Please withdraw/drop the student from

Course #\_\_\_\_\_\_\_\_\_\_\_ Term/Year \_\_\_\_\_\_\_\_\_

CTPP signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_