



Center for Teacher Preparation & Partnerships
College of Education
Request to Withdraw Placement Application

Student Name: _____

Department: _____

Please indicate which field experience you are currently registered for.

Clinical Practice 1 _____

Clinical Practice11 _____

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 Practice1/Clinical Practice11 and that I must meet all deadlines for the new application.

Reason for Withdrawal:

Student Signature: _____

Date: _____

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

Course # _____ Term/Year _____

CTPP signature: _____

Date: _____