

## Course Withdrawal Form

IMPACT candidates who wish to withdraw from a course are required to complete this form. Candidates must have it signed by their Principal and district HR representatives and submit to the TCSJ Admissions office **prior to the second session of the course**. Candidates will be rescheduled for the next available course offering which may delay the candidate's ability to complete the program in a timely manner.

Candidate: \_\_\_\_\_ Cohort: \_\_\_\_\_

Course Code: \_\_\_\_\_ Course Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Course Title: \_\_\_\_\_

Reason for withdrawing:

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Verification/Authorization: I understand that withdrawal from this course may delay or prevent the candidate from processing his/her Preliminary Teaching Credential prior to the expiration date of the Intern Credential.*

Principal Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District HR Name & Title: \_\_\_\_\_

District HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions, contact the TCSJ Admissions Department a 209-468-4926.*

Office Use		
Date Received: _____	Rescheduled: _____	Tuition Adjusted: _____
_____ Date/Initials	_____ Date/Initials	_____ Date/Initials