

IMPACT Program Withdrawal Form

I _____ am officially notifying Teachers College
(First /Last Name)

of San Joaquin (TCSJ) of my intent to withdraw from the IMPACT Teaching Credential program.

Withdrawal Date effective: _____ **Last day of employment:** _____

Reason for withdrawal: _____

Last 4 SSN: _____

Address: _____

Email Address: _____

District: _____ **School Site:** _____

Cohort: _____

Current Instructor(s): _____

Candidate Signature: _____ **Date:** _____

Submit this form to Rebecca Rich, IMPACT Department (via fax, email or in person).

Once received, we will communicate with your district confirming your last day of employment as an intern teacher. We will notify the Commission on Teacher Credentialing of your withdrawal and request an "inactivation" of your intern credential. You will be unenrolled from any future coursework, and the student accounts department will be notified of the changes.

Do not write below this Line

For office use only

Rebecca Rich | Admin Assistant-IMPACT

Teachers College of San Joaquin
San Joaquin County Office of Education
2857 Transworld Drive, Stockton CA 95206
TEL: (209) 468-9077 | FAX: (209) 468-9124
rrich@sjcoe.net

Routing form started: _____