

CALIFORNIA STATE UNIVERSITY, LONG BEACH
COLLEGE OF EDUCATION
SINGLE SUBJECT CREDENTIAL PROGRAM

Phone: (562) 985-5325

ED1-67

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WITHDRAWAL FROM STUDENT TEACHING

Name: _____ Student ID#: _____

Address: _____
(Street) (City & State) (Zip)

Phone: _____ Email: _____

Subject Area Program: _____

Semester From Which You are Withdrawing: Fall / Spring / Summer _____
(circle one) Year

Reason for Withdrawal:

I plan to re-enter student teaching in _____ / _____
(Semester) (Year)

I have not decided when I will re-enter student teaching.

As a result of my withdrawal, I understand that any future student teaching application may result in my being placed in a different priority category. In order to re-enter student teaching I understand that I must initiate contact with my Credential Advisor and with the Single Subject Credential Program office and that I will need to complete a new application form. It is my responsibility to stay informed of program changes and deadlines.

I understand that I will have to initiate withdrawal procedures from the university or take an official leave of absence.

Student Signature: _____ Date: _____

Subject Area Advisor Signature: _____ Date: _____

University Coordinator Signature: _____ Date: _____

SINGLE SUBJECT CREDENTIAL PROGRAM OFFICE USE ONLY

Application Moved To: _____
(Semester) (Year)

____ ORIGINAL: Single Subject Program
____ COPY 1: Subject Area Advisor
____ COPY 2: Credential Center
____ COPY 3: Student