

# TEAMS Program Withdrawal Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SS#: \_\_\_\_\_

Reason for leaving the program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you still plan on attaining teacher certification? YES / NO

If so, how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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