



University of Tennessee

College of Education, Health, and Human Sciences

Complete and return to:
Dr. Cheryl Kershaw, Coordinator
Office of School-Based Experiences
331 Bailey Education Complex
1122 Volunteer Boulevard
Knoxville, TN 37996

WITHDRAWAL REQUEST FORM

*This request must be submitted in person to Dr. Cheryl Kershaw and a meeting scheduled to discuss future options. For re-admittance into a program, candidates are required to complete the admission process for graduate school and the interview process within the college. Please consult with your advisor to determine the specific steps to be taken should you decide to return. **Please note that it is your responsibility to formally withdraw from your courses this term.***

Last Name: _____

First Name: _____ Middle Name: _____

Maiden Name: _____

Program to which you are requesting withdrawal: _____

Mailing Address and Contact Information:

Address Line 1: _____

Address Line 2: _____

City _____ State _____ Zip Code _____ Country _____

Address Valid Until: *(month/day/year)* _____

E-mail Address: _____

Current Phone Number: _____

Student Signature

Date

Program Coordinator Signature

Date

Coordinator of School-Based Experiences Signature

Date

