

Date Received by SD DOE:
Form RU1 (07-2017)

Office of Educator Certification
PRINT ALL INFORMATION IN BLUE OR BLACK INK!

Withdrawal of Application

Part 1 – Applicant Information

Last 4 digits of SSN	-	
Last Name	First Name, MI	Maiden/Previous Last Name
Telephone Number	Email Address	

Part 2 –Withdrawal of application request.
Upload or Email completed form to certification@state.sd.us

Type of application submitted:
Date of application submitted:

Describe the reason why you are requesting approval to withdrawal your application:

I understand that I am requesting my application to be withdrawn. I understand that if the withdrawal is permitted that I will not receive a refund of the submitted fees.

Signature of Applicant	Date
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Email: certification@state.sd.us

Mailing Address: Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501