

## Withdrawal of Application

**Office of Educator Certification**

Type all information or use blue or black ink.

**Part 1 – Applicant Information**

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

**Part 2 –Withdrawal of application request.**

Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)

**24:28:04:03. Withdrawal of application.** An applicant may submit a written request to withdraw a certification application for good cause. The Secretary shall determine if cause exists to permit withdrawal. If withdrawal is permitted, the applicant may not receive a refund of submitted fees.

**Type of application submitted:**

**Date application submitted:**

**Describe the reason 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I understand that I am requesting my application to be withdrawn.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.

Applicant Signature	Date
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