

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

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I understand that I am requesting my application to be withdrawn.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 and that they are non-transferrable.

Applicant Signature	Date
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