

**The University of North Carolina at Pembroke
Teacher Education Program
Field Experience Withdrawal Form**

Name _____ SSN/Banner _____ Licensure Area _____

Current Mailing Address _____
Address City State Zip

Current Telephone Number (____) _____ Email _____

Professor's Name _____ Course number/section _____

Semester _____ Recommendation from Course Professor

Yes

No

Note: Students who seek to withdraw prior to beginning the required field experience must submit this form no later than midterm.

Indicate the reason for withdrawing from the required field experience.

List of attached documents.

I understand that in addition to this form I may attach a letter explaining more fully my situation and/or reasoning and also may attach statements prepared by faculty who are familiar with or affected by my request and/or withdrawal situation. I also understand that this document formally withdraws me from the field experience placement. As such I am no longer authorized to return to the placement site(s) as a UNCP student until I re-enroll in this course.

Student's Signature _____ Date _____

Course Professor _____ Date _____

Director of University-School Programs _____ Date _____

Date submitted to the Office of University-School Programs _____