SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

CREATE of SC

SC-CREATE
WITHDRAWAL NOTIFICATION

SOUTH CAROLINA DEPARTMENT OF EDUCATION
Office of Special Education Services

Complete and fax to 1.252.565.0082 or email as attachment to director@sccreate.org

Name_____
First Middle Initial Last

Address_____

City_____ Zip_____ Email:_____

Home Phone ( )_____ Work Phone ( )_____

School District/Other_____Principal/Supervisor_____

Position (e.g., general ed teacher, teacher assistant) _____

Licensure Area Pursued through CREATE (e.g., ED, LD, SLP, VI) _____

Licensure Program (e.g., BCBA, PACE-ED, add-on, bachelor's, MAT, MCD, or MSLP):_____

My signature below signifies that I am officially notifying SCDE of my withdrawal from the SC-CREATE program, pursuant to the *SC-CREATE Scholarship Loan Agreement* ("the *Note*") and *SC-CREATE Policies and Conditions*, to which I signed in agreement at the time of my application to SC-CREATE, because of the following action that I acknowledge on my part (check one; attach statement of explanation as needed):

____ Failure to complete licensure program coursework (per Section 2, Item A, the *Note*)

____ Inability to obtain licensure (per Section 2, Item B, the *Note*)

____ Separation from employment in SC public schools or state-operated program (per Section 2, Item C, the *Note*)

_____ _____
Signature Date