



1450 North Augusta Avenue · Waycross, Georgia 31503 · (912) 285-6151 · Fax (912) 287-6650
<http://www.okresa.org>

Dr. Greg Jacobs
Executive Director

Endorsement Withdrawal Form

Gifted Endorsement TSC Endorsement Dyslexia Endorsement K-5 Math Endorsement

I am withdrawing from the endorsement marked above.

I understand that I must complete the endorsement within two years of starting the program in order to earn a recommendation to add the Endorsement to my teaching certificate.

Reason for Withdrawal:

Candidate Name: _____

Candidate Signature: _____ Date: _____

Principal Signature: _____ Date: _____

System Personnel Signature: _____ Date: _____

This form must be sent to the RESA Professional Learning Coordinator.

For Office Use Only:

Date of Receipt: _____ Date withdrawn from TPMS: _____ Date withdrawn from registration system: _____

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