

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON D.C. 20240
<http://www.blm.gov>

SCEP STUDENT SEPARATION FORM

I _____ am voluntarily withdrawing from the Bureau
PRINTED NAME

of Land Management's Student Career Experience Program (SCEP) for the following
reason(s): (Check all that apply)

- Transfer to another agency
- Resignation (please provide brief summary below)
- Unable to maintain program requirements
- Other (please provide brief summary below)

Brief Summary: _____

In withdrawing, I understand that the Bureau of Land Management may require
the repayment of any financial assistance provided to me, in accordance with the
SCEP/Service Agreement that I signed on _____.
DATE

I have not been intimidated or coerced to withdraw from the program.

SCEP Student Signature

Date

SCEP Supervisor Signature

Date

SCEP Mentor Signature

Date

SEEP Coordinator Signature

Date