

TEA Candidate Transfer Form
Part A: To Be Completed by the Candidate

TEA ID Number								Date of Birth: MM/DD/YYYY							
Last Name				First Name				Middle Name				Maiden Name			
Transferring From:															
Transferring To: _____ (name of program)															
_____ (name of program)															
Candidate's Signature								Date							

Part B: To Be Completed by the Releasing Educator Preparation Program

Name of Original Entity								County-District (TEA) Number							
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Candidate Identified as Completer: ___No ___Yes Year:								Date Test Approval(s) Removed:							
Certification Area(s):															
Program Record:				Number of Coursework Hours Completed				Field Experience Hours Completed				Practicum Time Completed			
Is the candidate in good standing? _Y _N															
Name and Title of Program Administrator or Certification Officer				Date				Fax # / Email				Signature			
				MM		DD		YYYY		()					

Part C: To Be Completed by Admitting Educator Preparation Program
 (place in candidate record)

Name of Admitting Entity								County-District Number							
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Area and Level of Certification Sought (include language area if appropriate)								Anticipated Finisher Year							
Name and Title of Program Administrator or Certification Officer				Date				Fax # / Email				Signature			
				MM		DD		YYYY							