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| **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 |
|  | -- |
| Candidate Identified as Completer: \_\_\_No \_\_\_Yes Year: Certification Area(s):  | Date Test Approval(s) Removed:  |
| 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 |
|  | -- |
| Area and Level of Certification Sought (include language area if appropriate) | Anticipated Finisher Year |
|  |  |
| Name and Title of Program Administrator or Certification Officer | DateMM DD YYYY | Fax # / Email | Signature |
|  |  |  |  |  |  |