

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					