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
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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 MM DD YYYY	Fax # / Email	Signature