

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:																			
										(name of program)									
Transferring To:																			
										(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:										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									
										--									
Area and Level of Certification Sought (include language area if appropriate)										Anticipated Finisher Year									
Name and Title of Program Administrator or Certification Officer					MM	Date DD	YYYY	Fax # / Email		Signature									