

<b>TEA Candidate Transfer Form</b>													
<b>Part A: To Be Completed by the Candidate</b>													
<b>TEA ID Number</b>										<b>Date of Birth: MM/DD/YYYY</b>			
Last Name				First Name				Middle Name		Maiden Name			
Transferring From: _____													
(name of program)													
Transferring To: _____													
(name of program)													
Candidate's Signature							Date						
<b>Part B: To Be Completed by the Releasing Educator Preparation Program</b>													
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							
<b>Part C: To Be Completed by Admitting Educator Preparation Program</b>													
(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							