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 MM	DD	YYYY	Fax # / Email	Signature

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	Date MM	DD	YYYY	Fax # / Email	Signature