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| **TEA Candidate Transfer Form**  **Part A: To Be Completed by the Candidate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TEA ID Number** | | | | | | | | | | | | | | | | | | **Date of Birth: MM/DD/YYYY** | | | | | | | | | | | |
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| Last Name | | | | | | First Name | | | | | | | | | Middle Name | | | | | Maiden Name | | | | | | | | | |
| Transferring From:  Transferring To: | | | | | | | (name of program)  (name of program) | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 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 | | ( ) | | | | | | |  | | | | | | |
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| **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 | | | | | | | |
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| Name and Title of Program Administrator or Certification Officer | | | | | | | | | Date  MM DD YYYY | | | | | | | Fax # / Email | | | | | | | Signature | | | | | | |
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