

**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)<br>_____ (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              |  |  |  | Date |    | Fax # / Email             |  | Signature |  |  |  |
|   |  |  |  | MM   | DD | YYYY                      |  |           |  |  |  |
|   |  |  |  |      |    |                           |  |           |  |  |  |