

# Candidate Transfer Form

<b>PART A</b>	<b>PART A: TO BE COMPLETED BY THE CANDIDATE</b>											
	TEA Number						Date of Birth MM/DD/YYYY					
	LAST NAME			FIRST NAME			MIDDLE NAME			MAIDEN NAME		
	TRANSFERRING FROM _____ (PROGRAM NAME)											
	TRANSFERRING TO _____ (PROGRAM NAME)											
	<b>REASON FOR TRANSFER:</b>											
	CANDIDATE SIGNATURE						DATE					

<b>PART B</b>	<b>PART B: TO BE COMPLETED BY THE RELEASING EDUCATOR PREPARATION PROGRAM</b>											
	NAME OF ORIGINAL ENTITY						COUNTY-DISTRICT (TEA) NUMBER					
	CANDIDATE INFORMATION:											
	CANDIDATE IDENTIFICATION:			TEST APPROVALS:			CERTIFICATION AREA(S):					
	COMPLETER <input type="checkbox"/> OTHER ENROLLED <input type="checkbox"/>			DATE REMOVED:								
	# OF COURSEWORK HOURS COMPLETED			FIELD EXPERIENCE HOURS COMPLETED			PRACTICUM TIME COMPLETED			IS THE CANDIDATE IN GOOD STANDING?		
										YES <input type="checkbox"/> NO <input type="checkbox"/>		
	NAME AND TITLE OF PROGRAM ADMINISTRATOR OR CERTIFICATION OFFICER						DATE					
	FAX NUMBER				EMAIL ADDRESS							
	SIGNATURE OF PROGRAM ADMINISTRATOR OR CERTIFICATION OFFICER											

<b>PART C</b>	<b>PART C: TO BE COMPLETED BY THE ADMITTING EDUCATOR PREPARATION PROGRAM</b> (place in candidate record)											
	NAME OF ADMITTING ENTITY						COUNTY-DISTRICT (TEA) NUMBER					
	<b>SOUTH TEXAS TRANSITION TO TEACHING-ACP</b>						<b>108--706</b>					
	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 NUMBER				EMAIL ADDRESS							
	SIGNATURE OF PROGRAM ADMINISTRATOR OR CERTIFICATION OFFICER											