

Candidate Transfer Form

PART A: TO BE COMPLETED BY THE CANDIDATE					
PART A	TEA Number		Date of Birth MM/DD/YYYY		
	LAST NAME		FIRST NAME	MIDDLE NAME	MAIDEN NAME
	TRANSFERRING FROM _____ (PROGRAM NAME)				
	TRANSFERRING TO _____ (PROGRAM NAME)				
	REASON FOR TRANSFER:				
	CANDIDATE SIGNATURE		DATE		
	<th style="text-align: center;">PART B: TO BE COMPLETED BY THE RELEASING EDUCATOR PREPARATION PROGRAM</th>				PART B: TO BE COMPLETED BY THE RELEASING EDUCATOR PREPARATION PROGRAM
	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					
PART C	PART C: TO BE COMPLETED BY THE ADMITTING EDUCATOR PREPARATION PROGRAM (place in candidate record)				
	NAME OF ADMITTING ENTITY		COUNTY-DISTRICT (TEA) NUMBER		
	SOUTH TEXAS TRANSITION TO TEACHING-ACP		108--706		
	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				