

**NC TEACHING FELLOWS TRANSFER REQUEST FORM (# \_\_\_\_\_ ) for office use**

Name of Teaching Fellow: \_\_\_\_\_ TF.I.D. #: \_\_\_\_\_

TF Current Mailing Address: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ # of Semesters of Funds to Date (include current semester): \_\_\_\_\_  
Street address

\_\_\_\_\_ Campus At: \_\_\_\_\_ Campus To: \_\_\_\_\_  
city state zip

TF Current Telephone: \_\_\_\_\_ Effective for Semester: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Class (year of entry): \_\_\_\_\_

Parent/Surety Name: (All Fellows have only one Surety) Institution Classification: \_\_\_\_\_

\_\_\_\_\_ Overall Cumulative GPA: \_\_\_\_\_

Parent/Surety Current Mailing Address: \_\_\_\_\_ Major Cumulative GPA (if available): \_\_\_\_\_  
street address

\_\_\_\_\_ Cumulative Credit Hrs.: \_\_\_\_\_  
city state zip

Parent/Surety Current Telephone: \_\_\_\_\_ Admitted into Teacher Ed. (circle one): Yes No N/A

\_\_\_\_\_ Area for Licensure: \_\_\_\_\_

**REASON FOR TRANSFER:** \_\_\_\_\_

**STEPS FOR TRANSFER**

1. Student must contact the ~~Commission Staff~~ by telephone (919) 781-6833 x 121 to determine whether there is an opening at the new campus.
2. Student must make current campus Director aware of transfer request.
3. Student must confer with campus Director of transfer campus and be approved by that Director for transfer.
4. Student must be admitted to institution of transfer.
5. Student is responsible for making contacts and securing the appropriate signatures below **BEFORE** sending this form to the Commission Staff.
6. Student must attach a letter of explanation to this form addressed to the Teaching Fellows Commission.
7. Student must provide a copy of his/her transcript for the new Campus Director.
8. Student must attach an official copy of his/her transcript to this form.

**\* THE FELLOW MUST BE IN GOOD STANDING AT THE CURRENT CAMPUS TEACHING FELLOWS PROGRAM AT THE TIME OF THE TRANSFER REQUEST.**

**\* APPROVAL WILL BE PENDING THE CUMULATIVE GPA AND CREDIT HOURS AT THE END OF THE SEMESTER DURING WHICH THE REQUEST WAS SUBMITTED.**

**\* FRESHMEN MAY NOT TRANSFER UNTIL THEIR SOPHOMORE YEAR.**

**\* A LEAVE OF ABSENCE MAY NOT BE TAKEN TO AFFECT A TRANSFER.**

**\* ALL MONIES OWED AT THE CURRENT CAMPUS MUST BE PAID IN FULL BEFORE TRANSFER IS APPROVED.**

\_\_\_\_\_  
*Signature of Teaching Fellow* (Date)

\_\_\_\_\_  
*Signature of Current Campus Director* (Date)

\_\_\_\_\_  
*Signature of New Campus Director* (Date)

**PLEASE RETURN THIS FORM, LETTER, AND OFFICIAL TRANSCRIPT TO:  
 Lynne Stewart, NC Teaching Fellows Program; 3739 National Dr., Suite 100; Raleigh, NC 27612**

**Commission Staff Recommendation:** \_\_\_\_\_  
 \_\_\_\_\_

**For Commission Meeting:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_  
 revised 10/20/2005 S:/Tfellows/Commissn/Spreqst/SSRForms/TransfersForm.doc