

**Michigan Department of Education
Office of Career and Technical Education**

**Request for Transfer of Fiscal Agency,
Operating District and/or Building for a State Approved
Career and Technical Education (CTE) Program**

This fully executed form must be received by the OCTE by **June 15th** in order to process your change request in CETIS for the following school year.

Submit to: MDE - Office of Career and Technical Education
LeAnn Reyes, Career Readiness Unit
PO Box 30712, Lansing, MI 48909
Email: ReyesL1@michigan.gov

Directions: Please submit a separate form for **each** program affected, identified by the program serial number (PSN) listed in the CETIS system. The program identified below must meet current CTE standards or state aid added cost might be jeopardized. Confirmation of program transfer and the new PSN will be sent to the Contact Person CEPD Administrator identified below.

Date of Request: _____
CEPD Number: _____

Effective Date of Change: _____

**Section A
Program Information (Required)**

Established PSN: _____
Program Name: _____

Program CIP Code: _____

**Section B
Request for Fiscal Agency or
Operating District Transfer (If Applicable)**

NOTE: Both Current and Proposed Fiscal Agency
Superintendents Must Sign Section D.

Current Fiscal Agency Number: _____
Current Fiscal Agency Name: _____

Proposed Fiscal Agency Number: _____
Proposed Fiscal Agency Name: _____

Current Operating District Number: _____
Current Operating District Name: _____

Proposed Operating District Number: _____
Proposed Operating District Name: _____

Section C
Request for a Physical Building Transfer
of a State Approved CTE Program *(If Applicable)*

Current Building Number: _____

Current Building Name: _____

Current Building Address: _____

Proposed Building Number: _____

Proposed Building Name: _____

Proposed Building Address: _____

Provide the reason for this move: _____

Section D
Contact Information and Signatures *(Required)*

Contact Person: _____

Phone Number: _____

Email Address: _____

These signatures signify approval of this Request for Transfer, and certify that the facility housing this state approved career and technical education program meets the accessibility regulations contained in the Americans with Disabilities Act.

NOTE: If this is a Fiscal Agency Transfer Request, Both Current and Proposed Fiscal Agency Superintendents Must Sign

Current Fiscal Agency Superintendent *(Required)*

Date Signed

Proposed Fiscal Agency Superintendent

Date Signed

Operating Agency Superintendent *(Required)*

Date Signed

CEPD Administrator *(Required)*

Date Signed

State Use Only

Date Received: _____

New PSN Assigned: _____

OCTE Program Consultant: _____

Confirmation Memorandum Sent: _____