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 CTEIS 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 CTEIS 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: ____________ OCTE Program Consultant: ____________
New PSN Assigned: ____________ Confirmation Memorandum Sent: ____________