

**MONTESSORI CENTER FOR TEACHER EDUCATION
MONTESSORI ELEMENTARY EDUCATION 6-9**

4544 Pocahontas Ave.

San Diego, CA 92117

(858) 270-9350

www.MontessoriCenterForTeacherEducation.org

June 19 – July 14, 2017: ages 6-7

July 17 – August 11, 2017: ages 8-9

Note: Class will be held with a minimum of 6 Adult Learners

Application and Agreement Form

Name: _____ Date _____

Home/Cell Phone _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Current Employment _____

Montessori Credential/Diploma (if any): Year _____ Center _____

Affiliation _____ Director's Name _____

Adult learners without a college degree may be admitted to the Academic Component if they have a total of 60 credits (units) from a regionally accredited college/university. They must arrange for an original transcript to be sent to the center for verification of college units before the academic component begins. Adult learners who have completed the Academic Component AND have received a bachelor's degree from a regionally accredited college/university may begin the Practicum component. Adult learners may not enter the Practicum Phase until the bachelor's degree is documented by official transcript.

This teacher education program requires that non-US degrees be evaluated by an Evaluating Service (such as WES) and that non-US degrees equate to those of regionally-accredited US colleges/universities. We do not recommend for an AMS credential non-US graduates whose degrees do not equate to a BA or BS from a regionally accredited US college/university.

****An "audit" may be taken by any student who demonstrates reasonable, related background and/or interests in the Montessori elementary curriculum. When auditing the course, the adult learner will receive all standard notes and master copies distributed during lectures. He/she will pay the Application and Academic Component Fees. THERE IS NO CERTIFICATE AWARDED to those who take the audit option.**

Educational Background:

Degree _____ Date _____ College _____

Degree _____ Date _____ College _____

Teaching Experience: _____

Professional Goals: _____

Reasons for participation in the Elementary Teacher Education Course: _____

Please read carefully:

I wish to apply for:

- _____ Full 8 week Session (ages 6-9)-Complete Education Program leading to the Elementary Credential
- OR**
- _____ Beginning 4 week Session (ages 6-7) -Complete Education Program leading to the Elementary Credential

- _____ Audit only**

How did you find out about this workshop? _____

Montessori Center for Teacher Education welcomes diversity in our student body, faculty and staff. We adhere to a policy of non-discrimination in regard to race, color, creed, national or ethnic origin, sex, marital status, sexual orientation, and gender identity.

I understand the application/registration fee of \$100 is non-refundable if I am accepted for enrollment.

Send application form and check payable to:

Montessori Center for Teacher Education
4544 Pocahontas Ave.
San Diego, CA 92117

Signature _____ Date _____

_____ I would like assistance with housing. Please contact me. Phone# _____

For Office Use Only: Accepted for enrollment by _____ Date _____
Total Fee Paid _____ Check # _____ Cash _____ Date _____