

**MONTESSORI CENTER FOR TEACHER EDUCATION
MONTESSORI ELEMENTARY EDUCATION 9-12**

4544 Pocahontas Ave.
San Diego, CA 92117
(858) 270-9350

www.MontessoriCenterForTeacherEducation.org

9-12 Component of the 6-9 Credential

July 5 – August 5, 2016: ages 9-12

Note: Class will be held with a minimum of 5 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 _____

Credential (i.e. Early Childhood, Elementary I) _____

Educational Background:

Degree _____ Date _____ College _____

Degree _____ Date _____ College _____

Teaching Experience: _____

Professional Goals: _____

Reasons for participation in the Elementary Teacher Education: _____

Please read carefully:

_____ I wish to apply for the 9-12 Component of the 6-12 Credential.

_____ I understand my 6-9 credential will be evaluated to determine if there are any additional requirements in order to receive the 6-12 credential from this Teacher Education Program.

_____ I understand that I must have a 4 year college degree from an accredited college/university to receive a credential.

OR

_____ I wish to take the 9-12 Component as a workshop only**

****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.**

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 _____