

**MONTESSORI CENTER FOR TEACHER EDUCATION  
MONTESSORI ELEMENTARY EDUCATION 9-12  
4544 Pocahontas Ave.  
San Diego, CA 92117  
(858) 270-9350  
[www.MontessoriCenterForTeacherEducation.org](http://www.MontessoriCenterForTeacherEducation.org)**

**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 nor credit granted to those who take the audit option.**

**Educational Background:**

Degree \_\_\_\_\_ Date \_\_\_\_\_ College \_\_\_\_\_  
Degree \_\_\_\_\_ Date \_\_\_\_\_ College \_\_\_\_\_

Teaching Experience: \_\_\_\_\_  
\_\_\_\_\_

Reasons for participation in the Elementary Teacher Education Course: \_\_\_\_\_  
\_\_\_\_\_

Please read carefully:

I wish to apply for:

\_\_\_\_\_ Full 8 week Session (ages 9-12 )-Complete Education Program leading to the Elementary II 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.

Send application form and check payable to:  
**Montessori Center for Teacher Education**  
4544 Pocahontas Ave.  
San Diego, CA 92117

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

***I also understand that this Course is an Applicant Course for Accreditation with the Montessori Accreditation Council for Teacher Education. Applicant for Accreditation status in no way determines the outcome of the accreditation decision by MACTE.***

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 \_\_\_\_\_