

MONTESSORI CENTER FOR TEACHER EDUCATION

9-12 Component of the 6-9 Credential

4544 Pocahontas Ave.

San Diego, CA 92117

(858) 270-9350

www.MontessoriCenterForTeacherEducation.org

Application and Agreement Form

(Please type or print neatly)

Name _____ Date of Birth _____

Home/Cell Phone _____ Email address _____

Address _____

City _____ State _____ Zip _____

Educational Background: Highest Degree _____ Date _____

School/College _____

Current Employment _____

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

Affiliation _____ Directors Name _____

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

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 (must be a NACES member) 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" maybe 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.

Applicant Name _____

Teaching Experience _____

Professional Goals _____

Reason for participation in the Elementary Teacher Education Course _____

Please read carefully - I wish to apply for:

___ The 9-12 Component of the 6-12 Credential

___ My 6-9 credential will be evaluated to determine if there are any additional requirements to receive the 6-12 credential from this Teacher Education Program

___ Audit only**

How did you find out about this workshop? _____

___ I would like information about housing. Please contact me.

Return this form with the application/registration fee of \$100 payable to:
Montessori Center for Teacher Education
544 Pocahontas Avenue, San Diego, CA 92117

I understand that it is my responsibility to obtain a DOJ/FBI fingerprint clearance before I start my Practicum.

Signature _____ Date _____

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.

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