APPLICATION

PERSONAL INFORMATION

Last Name	First Name	e	Middle Initial	
Previous/maiden	other names		_	
Street		_ City		
State	Zip	Country		
Phone	Email add	Email address		
E	DUCATION AND D	EGREE INFO	ORMATION	
	on Level Completed: sending two original trans	cripts with degre	e information)	
High School Associate I Bachelor's Master's D Ed.D / Ph.D	Degree Degree egree			
Institution Award	ling Degree			
Degree awarded	and major			
Year degree grar	nted			
Country in which (if your degree was award degree is equivalent to a	degree awarded ded outside the U.S, you must pro U.S. high school or bachelor's de	ovide evidence from a egree or higher)	an approved credential agency that your	
Who will be payin (Self or name of spor	ng for this training nsor)			
	send an electronic uition and other fees			
		Address (if differe	ent from above)	
		Address (if differe	ent from above)	

Please complete the following information:

Why are you interested in becoming a Montessori teacher?

Course Level which you are wishing to complete:

Infant-Toddler (ages six weeks to three years)
Early Childhood (ages 2.5 through six years)
Elementary I (ages six through nine years)
Elementary I-II (ages six through twelve years)
Secondary I (ages twelve through 14/15 years)
Secondary I-II (ages twelve through 18 years)

Why have you chosen to work with children/adolescents?

What experience have you had with children/adolescents?

Do you have a current teaching license for the state you wish to teach?

Have you previously completed online course work?

Do you have access to internet and a web browser to complete online course work?

Will you have access to Montessori classroom materials for your course level while completing this course?

Do you have a site for your nine-month Montessori practicum experience?

If you have a practicum site, what is the e-mail address of the site administrator?

If you are being sponsored by an employer, do you grant the institute permission to discuss your progress within the course?