



Shaping The Future Of Education

10500 Darnestown Road
 Rockville, Maryland 20850
 301-279-2799
 TeachMontessoriMMI.com
 info@TeachMontesoriMMI.com

Montessori Teacher Education Course Application

Please select the course:

- Infant and Toddler Early Childhood

Personal Information

| | | | |
|----------------------------|------------|----------------|------------------------|
| Name (first, middle, last) | | Preferred Name | Social Security Number |
| Street Address | | | |
| City, State, Zip Code | | | |
| Home Phone | Cell Phone | Email Address | |

Education Background

Please include 2 official transcripts from each college or university
 Transcripts from foreign countries must be evaluated

| | | | |
|--------------------------------------|-----------------|-----------------|------------------------|
| High School | Location | Graduation Date | Diploma YES NO |
| College | Course of Study | Graduation Date | Degree Earned |
| Graduate School | Course of Study | Graduation Date | Degree Earned |
| Montessori Teacher Education Program | Location | Completion Date | Level of Credential |
| Other Credentials or Workshops | | | |

Employment Experience

| | | | |
|-------------------|-----------|----------------|-------|
| Present Employer | Job Title | Business Phone | Dates |
| Previous Employer | Job Title | Business Phone | Dates |

Teaching Experience

| | | | |
|------------------|----------|-----------------|-------|
| School | Position | Ages of Childre | Dates |
| Other Experience | | | |

Practicum Phase Have you made arrangements for a practicum site? Yes No

| | | |
|-----------------------|---------------------|--------------------|
| Practicum School Name | | |
| School Address | | |
| School Phone | Supervising Teacher | School Affiliation |

1. A \$150 application fee is required to process you application. Please make checks payable to : **Montgomery Montessori Institute.**
2. Please include a short essay with your application indication what you hope to gain by taking the Montessori Teacher Education course.
3. Please arrange for three letters of recommendation to be sent to MMI. Each letter must be attached to a MMI recommendation form.
4. Completion of a successful interview with MMI is required part of the application process. MMI will schedule this interview upon receipt of your application and application fee.
5. The state of Maryland requires fingerprinting and background checks for all Adult Learners.
6. The Pre-Employment Medical Report for Staff in Child Care Centers must be completed prior to the Practicum Phase.
7. All application, tuition, and materials fees are refundable within a seven-day cancellation period. Written notice of withdrawal must be submitted within seven days of tuition payment. Refunds are made within 60 days.

If a student withdraws after the seven-day cancellation period, refunds will be based on the percentage schedule printed below. The application fee is not refundable after the seven-day period. All materials must be returned unused.

If a student should withdraw from the **MMI Academic Phase** before 50% of the phase has been presented, refund will be given within 60 days following the schedule below.

If a student should withdraw from the **MMI Practicum Phase** before 50% of the phase has been presented, refund will be given within 60 days following the schedule below.

| Proportion of the phase taught by the day of withdrawal | Tuition Refunded |
|--|-------------------------|
| less than 10% presented | 90% Refunded |
| 10% up to but not including 20% | 80% Refunded |
| 20% up to but not including 30% | 60% Refunded |
| 30% up to but not including 40% | 40% Refunded |
| 40% up to 50% | 20% Refunded |
| More than 50% | No Refund |

Applicant's Signature

Date

For Office Use

Date Received:

Date of Interview: