

For Office Use

Program	Date Received	Deposit	Check Number
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## North Carolina Center for Montessori Teacher Education Student Application

Please indicate the program you are applying for:

- Infant and Toddler**
 **Early Childhood**
 **Elementary I (6-9)**
 **Elementary II (9-12)**  
 **Overview** (required for Elementary students who do not have a Montessori Early Childhood Credential)

### Personal Information

Name (first, middle, last)	Preferred Name	Social Security Number
Maiden Name	Indicate how your name should appear on your Credential	
Date of Birth	E-Mail Address	
Street Address		
City, State, Zip Code		
Home Phone	Emergency Phone	

### Educational Background

(If your transcripts are from a foreign country, they must be evaluated by World Educational Services)

High School	City, State	Graduation Date	Diploma
College	City, State	Graduation Date	Degree Awarded
Graduate School	City, State	Graduation Date	Degree Awarded
Montessori Training Course	Location of Program	Completion Date	<input type="checkbox"/> AMS <input type="checkbox"/> AMI
Other Credentials or Workshops			<input type="checkbox"/> Infant & Toddler <input type="checkbox"/> 3 - 6 <input type="checkbox"/> 6 - 9 <input type="checkbox"/> 9 - 12

### Current Employment (Complete Resume Should be Sent Separately)

Present Employer	Position	From	To
Previous Employer	Position	From	To

### Teaching Experience

School	Position	From	To
Teaching Certificate	Other Experience With Children		

### Additional Information

Where did you hear about CMTE/NC?	Is there anything we should know about your learning style?
What other languages do you speak?	Have you ever been convicted of a crime? If yes, please explain.
Have you ever been discharged from a teaching position for cause?	

### References (We will expect letters on your behalf from the following three people)

1.
2.
3.

### Practicum Phase (Have you made arrangements for a Practicum Site? yes no )

Practicum School Name		
School Address		
Head of School's Name		Head of School's Email Address
School Phone	Supervising Teacher, if Applicable	School Affiliation (circle one) AMS (include school AMS membership #) _____ AMI                      Other

### Application process:

TO APPLY:

The following should be sent to:

CMTE/NC

Attn: Tiffeny French-Adams

4721 Saxonbury Way

Charlotte, NC 28269

1. Application
2. Prepaid tuition check in the amount of \$200.00 made payable to CMTE (non- refundable)
3. Three (3) letters of recommendation
4. A 350 word (or more) personal statement on why you would like to take Montessori training 5. Two (2) sets of sealed official college transcripts from your most recent educational institution.  
\*\*If you do not have a college degree, please send a **notarized** High School diploma.
6. Current resume (must include a complete work and education history).

Upon receipt of your complete application package, we will notify you with regard to your acceptance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**By signing this application, you certify that the information provided is true and correct.**

**The Center for Montessori Teacher Education / North Carolina admits students without regard to race, religion, sex, sexual orientation, age, national or ethnic origin.**