

Office Use Only			
Application Fee Deposit Statement References (3) Transcripts Reading Assessment Enroll Agreement			

APPLICATION FOR ADMISSION

APPLICATION Information					
Program you ar	re applying for:	Infant/Toddler Program Summer Intensive Schedu	 ıle	Early Childhood Program Yearlong Schedule	
STUDENT Infor	mation				
Name:					
	Last	First	MI	Maiden	
Address:					
	Street			City, State Zip	
Contact Info:					
	Home #	Cell#		Email	
Personal Info:					
	DOB (dd/mm/yy	ууу)		Marital Status	
Education:					
	High School Nan	ne City, State		Graduation Date	
	College	Degree/ Majo	r	Graduation Date	
	Graduate School	Degree/ Major		Graduation Date	
Previous Certification	Yes No _	If Yes, Name of Pr	ogram		
	Program AMS Membership #				
Two official transcripts from degree granting colleges must be sent directly to the MITE address. If no college degree, an official high school transcript must be submitted. E-transcripts also accepted.					

STUDENT EMPLOYMENT Information

STUDENT EMPLUT	MENT IIIIOI IIIauoii				
Employment Experience	Current Employer	Position/Title	Start Date	-	
	Previous Employer	Position/ Title	From/ To	-	
Teaching Experience (References (Please list 3	Name	Position/Title	Telephone #	-	
people as references)	Name	Position/Title	Telephone #		
	Name	Position/Title	Telephone #	-	
You must contact each	h of the above individuals ar	nd request a letter of reference t	o be sent directly to MITE via email or mail		
PRACTICUM Inform	nation				
Have you made arrangements for a Practicum Site? Yes No If No, would you like assistance with finding a site? Yes No Are you interested in a self-directed practicum? Yes No (If so an additional \$500 fee is charged upon the start of your practicum phase) What is your locale preference? Adult Learners enrolled in MITE are not liable for placement at an internship site. MITE will, upon request, support the placement, once the academic phase has been successfully completed. Placements offered at its affiliate International Montessori Schools, are non-paid internships, and subject to the adult learner's agreement at the time of the practicum phase.					
Practicum Site Info (all practicum sites require contact with children & expect	Practicum School Name	Supervising Teach	er	-	
background checks to occur. Costs associated with this	Street Address	City Stat	te, Zip	-	
may be between \$30-\$50.)	Telephone #	School Affiliatio	n (AMS/AMI/Other)	-	
	-				
Personal Statement	Personal Statement : On a separate page, please type (minimum one page, 12-font, double-spaced) your personal statement, explaining your interest in Montessori education and why you want to join the Montessori professional community.				
Enclose with this application form:				i	

Personal Statement:	On a separate page, please type (minimum one page, 12-font, double-spaced) your personal statement, explaining your interest in Montessori education and why you want to join the Montessori professional community.		
Enclose with this application form:	\$150 Application Fee (this fee will become effective once the enrollment agreement is signed. This fee and the refund policy coincide with the enrollment agreement's effective date.) \$500 Deposit Please make your check payable to: Montessori Institute of Teacher Education		
Submit application to:	MITE, 1385 Birmingham Road, West Chester, PA 19382		
Contact Information:	Tel 610.399.6699 / 424.484.6374 Email: admin@miteducation.net		

Please sign here to complete your application	Signature	Date
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