



• Adrian Dominican Montessori Teacher Education Institute •

Application

Name _____
(First) (M I) (Last)

Address _____
(Street Address)

(City, State, & Zip)

Telephone/Home (____) _____ Office (____) _____

Social Security # _____

Email address: _____

Are you at least 18 years of age? Yes No

Are you a citizen of the U.S.? Yes No

If you answered No to the previous question:

Do you need an I-20 to study in the U.S.? Yes No

Previous Education

High School _____ Graduation Date _____

College/University _____ Yrs Completed : 1 2 3 4 5+

Major Field _____ Graduation Date _____

Other _____ Graduation Date _____

Montessori Workshops/Seminars _____

Have you received State Teacher Certification? Yes No

Employment

List the last 3 places of employment beginning with the most recent employer first.

| Name of Employer | Dates | Title/Position |
|------------------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please describe any experiences with children (if different from previous answers) in the space provided below. If more space is needed, please attach a separate sheet.

Reference forms will be sent to you after we receive your application. Please do not submit any references with this application.

How did you learn about our program?

- The World Wide Web
- Referred by a Friend _____
- Referred by a School _____
- American Montessori Society (AMS)
- Flyer/Brochure (Where?) _____
- Previous Lecture/Seminar (Where/When?) _____
- Other _____

Are you interested in residing on campus during the ADMTEI weekends?
(There are additional charges for these accommodations.) Yes No

****An Application Fee of \$250.00 must accompany this application.****

**The tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25.00 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded if requested within 3 business days after signing a contract with the school. All refunds shall be returned within 30 days.

**PLEASE REMIT TO:
ADMTEI**

**• 1257 East Siena Heights Drive • Adrian, MI 49221 • 517-266-3415 •
• Fax: 517-266-3545 • www.admtei.org •**