

# Montessori Teaching Credential Application for Admission

Please type or print.  
NAME

\_\_\_\_\_ Last First Middle Maiden/Previous

PERMANENT ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

E-MAIL: \_\_\_\_\_

TEMPORARY ADDRESS — if different from permanent address above. Valid until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
Month Day Year

GENDER:  Female  Male

CHECK ONE BOX ONLY:  U.S. citizen or permanent resident  U.S. visa holder (type) \_\_\_\_\_  
 Other (specify country and citizenship status) \_\_\_\_\_

ENGLISH IS MY NATIVE LANGUAGE  Yes  No If "no", what is your native language \_\_\_\_\_

SPECIALIZATION/OPTION FOR WHICH YOU ARE APPLYING:

- |   |   |
|---|---|
| <input type="checkbox"/> Early Childhood Credential (associate)                                   | <input type="checkbox"/> Elementary Credential  |
| <input type="checkbox"/> Early Childhood Credential (graduate)                                    | <input type="checkbox"/> MAED and Elementary Credential                                       |
| <input type="checkbox"/> MAED and Early Childhood Credential                                      | <input type="checkbox"/> MAED, Elementary Credential, Initial Licensure —<br>Elementary Level |
| <input type="checkbox"/> MAED, Early Childhood Credential, Initial Licensure —<br>Early Childhood | <input type="checkbox"/> Administrator Credential   |

EXPECTED DATE OF ENTRANCE: SUMMER 20 \_\_\_\_\_

Describe any Montessori training or experience, including previously earned Montessori credentials.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EDUCATION INFORMATION:** List all post-secondary institutions you have attended — colleges and universities (undergraduate and graduate), professional and vocational schools, regardless of the number of credits earned. An official transcript from each institution is required, even if courses are recorded on another transcript. Submit a separate additional sheet if necessary.

COLLEGE OR UNIVERSITY — Identify location (Non-U.S. citizens also should list secondary schools)	DATES ATT'D FROM/ TO	DEGREE	DATE REC'D/ EXPECTED	MAJOR FIELD	GPA

**DO YOU HAVE A VALID OR RENEWABLE TEACHING LICENSE?**  Yes  No

**IF YES, INDICATE STATE** \_\_\_\_\_  Elementary  Secondary Subject area: \_\_\_\_\_

**RECOMMENDATIONS:** List your references. These people should have knowledge of your professional and/or academic competence. They should not be relatives or social acquaintances.

Name	Title	Organization/Institution

The following information is optional and is requested for use on federal and state reports, as well as institutional research. It is not used to determine one's eligibility for admission, nor will it be used in any type of discriminatory manner.

Are you Hispanic or Latino?  Yes  No

Please check all that apply:  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Religious preference: \_\_\_\_\_

*You must sign the application. It must be accompanied by the nonrefundable graduate application fee of \$35.*

To the best of my knowledge, the information given above is true. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission or suspension from St. Catherine University. By signing this application, I agree to abide by the policies and regulations of St. Catherine University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*St. Catherine University admits students regardless of race, color, national and ethnic origin, sexual orientation, age, religion, creed, disability, marital status, status with regard to public assistance, membership or activity in state or local commission and sex to all the rights, privileges, programs and activities generally accorded to or made available to students at the University.*

It is the applicant's responsibility to ensure that her or his application file is completed by the application priority deadline of **May 1**. Applications received after the deadline will be reviewed on a space-available basis. No credentials will be returned to the applicant. Meeting minimum requirements does not guarantee admission.

**Submit all materials to:** St. Catherine University, Office of Graduate Admission, Mail 4027  
2004 Randolph Avenue, St. Paul, MN 55105