

*Montessori Institut Dortmund  
Am Remberg 173  
44269 Dortmund  
atoitraining@gmail.com*

APPLICATION FOR ADMISSION

The Montessori Institut Dortmund's training programs are open to men and women who have demonstrated personal suitability for training based on maturity of personality, integrity of character, intellectual creativity, and aptitude for psychological insight and understanding. The applicant must hold a bachelor's degree, although exceptions may be made under special circumstances.

Your answers to the questions on this form will be regarded as confidential, to be used in the administrative process by staff members who will work with you, and also by members of the Examining Board of the Association Montessori Internationale, if you are admitted.

Applicants must provide a résumé and three professional references. A non-refundable fee of € 100.00 must accompany the application. Upon acceptance into the program, a €500.00 refundable deposit is due, along with a digital photograph. The deposit will be applied to the first term's tuition, and no acceptance will be considered firm without the deposit.

PLEASE TYPE OR PRINT IN INK:

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Office: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Names and Ages: \_\_\_\_\_

Nearest Relative (other than spouse): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

EDUCATION: (Colleges - Please begin with the most recent)

\_\_\_\_\_ to \_\_\_\_\_ Name of School \_\_\_\_\_

Address \_\_\_\_\_

Degree or Number of Hours \_\_\_\_\_ Major \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Name of School \_\_\_\_\_

Address \_\_\_\_\_

Degree or Number of Hours \_\_\_\_\_ Major \_\_\_\_\_

\_\_\_\_ to \_\_\_\_ Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Degree or Number of Hours \_\_\_\_\_ Major \_\_\_\_\_

A.M.I. Diploma: Level : \_\_\_\_\_ Year: \_\_\_\_\_ Training Institution: \_\_\_\_\_

Continuing education or non-credit courses, workshops,  
etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal talents and  
interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RESPOND TO THE FOLLOWING (Use a separate sheet of paper):

1. Please indicate the reasons for your decision to take Montessori training. What are your plans in regard to your future work in Montessori? If you have worked with children, please describe your experiences. Include any other pertinent information about yourself that relates directly or indirectly to your future work in Montessori.
2. What are the conditions under which you will be taking the Montessori course? What outside responsibilities will affect the amount of time you will be able to devote to study?

CANCELLATIONS AND REFUND POLICY: MID will refund fully to any student who cancels his/her enrollment contract within 72 hours (until midnight of the third day excluding Saturdays, Sundays, and legal holidays) after the enrollment contract is signed by the prospective student.

I HAVE RECEIVED AND UNDERSTAND THE TUITION AND FEES SCHEDULE OF MID AND I FURTHER UNDERSTAND THE TUITION REFUND POLICIES OF THIS INSTITUTION AS STATED ABOVE.

Note: Students are expected to abide by the rules and regulations laid down by the Institut and any arrangement made for their training during the course. Students may be asked to discontinue their course of study for medical, psychological, academic, or other cogent reasons.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_