



Montessori Institute of America

GRADUATE LIST

Mark page numbers: Page _____ of _____

Instructions: This form is to be used when the Adult Learner has graduated and is ready for certifying.

1. **If you are planning a Graduation Ceremony, allow two (2) months processing time for certificates.**
2. Complete form in full.
3. This form is to be submitted with a **Summary Cover Page** and all corresponding **Teacher Applications** for one course level only.
4. **Graduation Fee** is to be submitted with (or on the same day as) Graduate List.

Application Must Be Typed or Neatly Printed in English.

Legal Name of Training Education Program (TEP)	Today's Date (month/dd/yy)
Program Name (if different than above)	
Physical Location (Site) of Program	
Certification Course Level (select one only) <input type="checkbox"/> Infant-Toddler (Birth-3 yr) <input type="checkbox"/> Early Childhood (3-6 yr.) <input type="checkbox"/> Elementary (6-12 yr.)	

GRADUATE INFORMATION				
Graduate Name (Last, First)	Academic Phase Dates (month/dd/yy- month/dd/yy)	Practicum Phase Dates (month/dd/yy- month/dd/yy)	Graduation Date (month/dd/yy)	Paid Graduation Fee?
CONTINUE TO NEXT PAGE or Total Number of Graduates _____ x \$150.00 ea =				\$ _____ Amount Sent

Mark page numbers at top of page. Use additional pages if needed.

GRADUATE LIST

GRADUATES LIST CONTINUED	Mark page numbers: Page _____ of _____
Name of TEP _____	Date (month/dd/yy) _____

GRADUATE INFORMATION				
Graduate Name (Last, First)	Academic Phase Dates (month/dd/yy- month/dd/yy)	Practicum Phase Dates (month/dd/yy- month/dd/yy)	Graduation Date (month/dd/yy)	Paid Graduation Fee?
CONTINUE TO NEXT PAGE or Total Number of Graduates _____ x \$150.00 ea =				\$ _____ Amount Sent

***Add additional pages of Graduates if needed. Mark page numbers at top of page.**