

The Secondary Program

Certification Level:

International Montessori Council Certification¹ for teaching ages 12-18 years. Full Certification is MACTE² accredited.

Length of Course: 20 months

Components:

- ♦ Distance learning coursework over the entire duration with a one week break approximately every 9 weeks and 3 week winter and summer breaks.
- ♦ Two separate 120 hour Residential sessions totalling 180 hours. A Residential session takes place over 2½ weeks.
- ◆ Practicum requirement 9 month internship (full school year) in a Montessori Secondary classroom.

Secondary (12-18)

Program	Tuition (S\$)	Fees
Associate Certificate*	\$9700	
online only, no residency (available to non-US residents)		\$150 application fee
Full Certificate Includes residency tuition	\$13,350	— \$550 professional fee

^{*}The Associate Certificate is awarded to students who complete the distance learning and practicum phase only. The Full Certificate will be awarded to students who complete the distance learning, practicum phase and residential session. While these hybrid programs may not be available to students living in the most remote places, we believe Full Certificate programs will provide the best quality of education. Those who are unable to attend the residential session must have a qualified supervising teacher working in their practicum classroom on a daily basis or have a clearly defined plan for significant weekly mentorship.

Admission Requirements:

♦ A high proficiency in English is require for successful participation in this program. CGMS reserves the right to require, at its discretion, for applicants to provide evidence of their English proficiency by submitting TOEFL scores.

¹ www.montessori.org

² www.macte.org

♦ A minimum of a Bachelor's degree in any discipline from an accredited college/university or an international equivalent. Exceptions to the degree requirement may be made at the discretion of the Director of Education and Secondary Director.

For more information, please contact catherine@ptlc.com.sg



CGMS Application for Admission

Full Certificate

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Please check the box of the program you are applying for. Note that Full Certificate programs are strongly recommended at all levels. Tick (\checkmark) your choice below:

Associate Certificate

Infant/Toddler (0-3)		
Early Childhood (3-6)		
Elementary I (6-9)*		
Elementary II (9-12*)		
Elementary I-II (6-12)*		
Secondary (12-18)*		
*subject to approval		
General Information		
Applicant (Full Legal Name)		
Date of Birth (mm/dd/yy)		
Home		
Address		
Zip/Postal Code	Count	try
Phone Number	Email:	
Education (list additional o	colleges on separate shee	t)
College/School or Training Program	Years Attended	Degree/Certification

Work Experience

Employer

Please list relevant experience or significant responsibilities held. Begin with your current position. A resume may be attached to this application in lieu of this section.

Years Worked

Work Performed

Describe any other experience adolescents if applicable to the		
Describe your interests, hobbid	es, and talents.	
Explain how you heard about a Montessori Studies.	nd why you cho	se the Center for Guided
Which of your personal qualities a with children?	are most likely to p	positively contribute to your work

List the name and author of two books you have read this year and describe why they were meaningful to you. If they are relevant to your work with children, then explain how.

If not covered above, please explain what you know about Montessori, or experiences you have had in Montessori classrooms either as an assistant, teacher or student, including in previous Montessori courses or workshops.
Internship/Practicum Provide the information below if you have already made arrangements for an internship/practicum site. Send later if practicum site has not yet been determined.
Name of School
Name of Head of School
Head of School Email Address
School Address
Zip/Postal Code Country
Office Phone
Age level you will be working with
Name of Supervising Teacher

Agreement

I, the undersigned, do solemnly attest that all of my application information, including both above statements and those made in separate documents, are fully accurate to the best of my knowledge. I understand that intentionally providing false information on this application may constitute fraud, and will result in the forfeiture of any deposits or tuition paid, and termination of any awarded certificate.

Name of Applicant	Name of Witness		
Applicant's signature	Witness' signature		
Date	 Date		