



**IMTI**

蒙台梭利教学法国际交流中心

INTERNATIONAL MONTESSORI TEACHING INSTITUTE

**Application Form for the Early Childhood  
Teacher Training Credential Program**

(Please record all information legibly)

**儿童早期教育教师培训资质课程申请表**  
(请清楚填写各项内容)

Name/姓名: \_\_\_\_\_ English Name 英文名: \_\_\_\_\_

Date of Birth/出生日期: \_\_\_\_\_ Phone (Home)/家庭电话: \_\_\_\_\_

Phone (Work)/办公电话: \_\_\_\_\_ Cell Phone/手机: \_\_\_\_\_

E-mail/邮箱: \_\_\_\_\_ We Chat 微信: \_\_\_\_\_

Home Address/家庭地址: \_\_\_\_\_

\_\_\_\_\_ Post Code/ 邮编: \_\_\_\_\_

Postal Address ( if different from home address)/邮寄地址 (如果和家庭地址不同) :

\_\_\_\_\_ Post Code/邮编: \_\_\_\_\_

Language ability/语言能力  双语 Bilingual  中文 Chinese  英文 English

**Educational Background/教育背景:**

University attended/毕业院校: \_\_\_\_\_ Date completed: mm/yy:何时完成: \_\_\_\_月/\_\_\_\_年

Degree received/已获得最高学位: \_\_\_\_\_ Major 类型: \_\_\_\_\_ # of years completed: 几年完成\_\_\_\_

Teacher Certification/教师证书: \_\_\_\_\_ Level 类型: \_\_\_\_\_

Date completed: mm/yy 何时完成: \_\_\_\_月/\_\_\_\_年

Montessori Training/Workshops attended/曾经参加过的蒙台梭利培训或研讨会:

\_\_\_\_\_

**Employment Background/工作背景:**

Present Employer/目前工作单位: \_\_\_\_\_ Position Held /职位\_\_\_\_\_

Previous Employer/以前工作单位: \_\_\_\_\_ Position Held /职位\_\_\_\_\_

**Teaching Experience/教学经验:**

School	Position	How Long
就职学校	职位	任职时间
_____	_____	_____



# IMTI

蒙台梭利教学法国际交流中心

INTERNATIONAL MONTESSORI TEACHING INSTITUTE

**References:** List three references. 1 of each preferred: Academic, Work & Personal

**推荐人:** 请依次列出三位推荐人（最好分别来自学术界、申请人的同事和私人朋友）

	Name 姓名	Title/Position 职位	Relationship to Applicant 与被推荐人的关系
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please describe any special needs or considerations you would like us to be aware of:  
如果您有任何需要我们特别注意或关注的需求，请予提示，如果没有，请写无

How did you find out about IMTI? Tick all that apply. 您是如何了解到 IMTI 的?

- Online 在线   
 Website 网站   
 Publicity material 宣传品   
 Montessori school 蒙台梭利学校  
 Friend 朋友   
 IMTI alumni IMTI 校友会   
 We Chat 微信   
 Others explain 其他

### DECLARATION/声明

I have read, understood and affirm that all the statements given in this application are true and accurate to the best of my knowledge. I have not deliberately omitted any relevant fact. Should I be admitted to the Institute on the basis of the above information which should later turn to be false or inaccurate, I understand that I will render myself liable to appropriate action, including civil action, dismissal from course, forfeiture of fees, fine and other disciplinary measures.

I understand that the Institute has the sole discretion to reject any applications.

I agree to abide by the decision of the Institute concerning this application and accept that the Institute reserves the right to withdraw any course if there are insufficient applicants.

我已经阅读，理解并且确认此申请表中所填信息是真实准确的。我没有刻意省略任何相关事实。如果将来发现我所提供的以上信息有误或不准确，我将自愿承担相应的后果，包括民事诉讼，开除学籍，没收费用，罚款和相关纪律措施。

我理解培训中心拥有自行决定拒绝任何申请的权利。

我同意遵守培训中心做出的关于这份申请的决定，并且接受培训中心关于因学员人数不够而取消课程的权利。

**Applicant's Signature:**  
申请人签名: \_\_\_\_\_

**Date (YY/MM/DD):**  
日期 (年/月/日): \_\_\_\_\_

*Admission will not be denied based on age, race, gender, religion, national origin, disability, or sexual orientation.*  
(此招生将不限年龄、性别、种族、宗教、国籍及残障人。)

**Please complete and return to:** 请及时填写完整并交还:

International Montessori Teaching Institute  
688 Glory Palace, No. 2 Shunfu Road,  
Renhe Town, Shunyi District Beijing China 101300  
Telephone /电话: +86 10 8949 6877

蒙台梭利教学法国际交流中心  
北京顺义区仁和镇顺福路 2 号御墅 688 号  
邮编: 101300  
Email /邮件地址: [enquiry@imti-china.com](mailto:enquiry@imti-china.com)

**International Montessori Teaching Institute**  
**Telephone: +86 10 8949 6877**

**Email: [enquiry@imti-china.com](mailto:enquiry@imti-china.com)**

**Jan 2015**



**IMTI**

蒙台梭利教学法国际交流中心

INTERNATIONAL MONTESSORI TEACHING INSTITUTE

**For official use only:**

**Additional notes:**

备注（IMTI 使用）

---

---

---

---

---

---

---

---

---

---