MISD | TRAINING CENTER
THE MONTESSORI INSTITUTE OF SAN DIEGO

ASSOCIATION MONTESSORI INTERNATIONALE AMI

Reference Form

TO THE APPLICANT:

Complete the upper portion and forward this form to the individual who will provide your reference.

Applicant Name: _____
Last First M.I.

Mailing Address: _____
Street Apt./Unit # (if any)

_____
City State & Country Zip/Postal Code

_____
Home Phone Work Phone Email

Former and/or other name(s) known by the referee: _____

I hereby release the Montessori Institute of San Diego and its agents and employees from liability in connection with investigating and evaluating my application for admission. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application. I understand that these references are confidential and I will not have access to them.

_____
Signature Date

TO THE PERSON COMPLETING THIS FORM:

The person named above is applying for admission to an AMI course conducted by the Montessori Institute of San Diego. The Admissions Committee finds candid evaluations helpful in admitting candidates who are highly qualified for work with children.

Your reference is confidential, and the school will use this form for the purpose of admission only. We truly value your comments. Your appraisal of the applicant will greatly assist the Admissions Committee in reaching a decision in her/his best interest.

The Montessori Institute of San Diego uses a self-managed application process. The process requires applicants to gather all application materials and submit them in a single packet. Ideally, when you complete this recommendation form, you place the form and any attachments into an envelope, sign your name across the sealed flap, and return the envelope to the applicant. However, it is also acceptable for you to send your reference to us directly via mail or email. Please find our contact information at the bottom of this page.

Your Name *(please print)*: _____

Title/Position: _____

Company/Institution: _____

Mailing Address: _____
Street Apt./Unit # (if any)

_____
City State & Country Zip/Postal Code

_____
Home Phone Work Phone Email