## MASTER OF EDUCATION (MONTESSORI EDUCATION SPECIALISATION)





## **IMPORTANT INFORMATION**

The named applicant below is seeking your support of their application for enrolment into the Master of Education (Montessori Education Specialisation) program that incorporates the AMI 6-12 Diploma. This is a rigorous program of study that requires at least 90% attendance at all scheduled classes, completion of 9 Albums, material-making projects, classroom observations, teaching practicums, completion of reports and reflections and a professional and positive attitude to learning. There are three intensive blocks of full-time classes delivered over 9, 7 and 5 weeks respectively in the first 18 months of this program requiring full-time daily on-campus attendance (8:30am – 4:30pm). Please provide your assessment of the applicant's suitability to undertake and complete this postgraduate program in relation to the above program requirements. If you experience any issues accessing our forms, please contact <u>Student Central</u> for further assistance.

1.0 NAME	OF APPLIC	CANT						
Family Name:					Given Name:			
2.0 REFER	EE DETAILS	S						
Title:	Mr Prof	Mrs A/Prof	Ms Dr	Family name:		Given r	name:	
Email:								
Tel:	l:					Mob:		
Institution name:								
Number and Street / PO Box								
City:	: State:				Postcode:		Postcode:	
2 U DDUE	SSIONAL	PELATIONS HI	D TO A	PRICANT				
3.0 PROFESSIONAL RELATIONSHIP TO APPLICANT  Current Frencher Collegen Contact								
Current Employer Colleague Professional Contact Other (specify)  How long have you known the applicant?								
Less than 12 months  More than 12 months  Do not know the applicant well								
4.0 REFERENCE REPORT IN RELATION TO PROGRAM REQUIREMENTS								
Please provide your assessment of the applicant's capacity to undertake this program of study and complete all program requirements for the award of the AMI6-12 Diploma and the USC Master of Education.								
Highly recommend				Recommend Suitable		e	Not suitable	
5.0 DECLA	RATION							
I declare that the information provided above is true, correct and complete.								
deferee signature: Date:								