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| **MONTESSORI ACCREDITATION COUNCIL FOR TEACHER EDUCATION**  **Substantive Change Application Cover Sheet**  Please see corresponding Substantive Change Application for submission instructions.  Date of Application:      /     /      Effective Date of Change:      /     / | |
| **Primary Site Program Information** | |
| Legal Name of Institution/Program:    Program Name (if different than above):    Affiliate:    Physical Location of Program:    Mailing Address (if different than above):    Program Phone: | **Program Director:**  Name:  Email:  Phone: |
| **Program Accreditation Contact (in addition to Director):**  Name:  Title:  Email:  Phone: |
| **Course level(s) seeking change:**  Infant Toddler  Early Childhood  Elementary I  Elementary I-II  Elementary II  Secondary I  Secondary I-II | |
| **Type of Program (Check all that apply):**  College/University  Free-Standing Institution  Public  Private | |
| **Reason for Change** | |
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| **Instructions:** Indicate the type of Substantive Change to occur in the program and answer the questions below. Then, complete the appropriate Substantive Change Application (found on MACTE website) and follow submission instructions. | |
| **No OSVT Visit Required**  1. Change in legal name  2. Change in mission or objectives  3. Change in faculty/staff  Director >50% of faculty in one cycle  4. Change in time structure/length  5. Change in curriculum  A. Revision of syllabus  B. Addition of Distance Education | **OSVT Required**  5. Change in curriculum  C. Addition of Age Range  6. Change in ownership/control  7. Relocation of site  Permanent Site  Additional Site  8. Addition of a location:  Contract Site  Additional Site |
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| **Director’s Statement** | |
| **Director Statement: I ATTEST THAT our program’s application for Substantive Change is a true and accurate description of the change.**  **Program Director:**  **Signature/Date:**  ***(Please type name/date to submit Electronic Signature)***  **Chief Executive Name:**  **Title:**  **Signature/Date:**  ***(Please type name/date to submit Electronic Signature)*** | |