|  |  |
| --- | --- |
| **MONTESSORI ACCREDITATION COUNCIL FOR TEACHER EDUCATION**  **Voluntary Withdrawal of Accreditation Form**  **Instructions:** Complete and email this form and all requested documentation to [accreditation@macte.org](mailto:accreditation@macte.org) and the program’s affiliating organization. | |
| **This form is to be used for the voluntary withdrawal of accreditation for an entire institution/program, course level(s) (and all related locations) or withdrawal of a single additional location.** | |
| **Program Information** | |
| Legal Name of Institution/Program:  Program Name (if different): | |
| **Type of withdrawal** | |
| Withdrawal of accreditation for (choose one):  entire institution/program and all levels and locations ( check if withdrawal coincides with institution closing/program ending)  entirety of the course level(s) listed and all related locations  the level(s) listed at a single additional location | |
| **Level(s) Affected** | |
| Infant Toddler  Early Childhood  Elementary I  Elementary I-II  Elementary II  Secondary I  Secondary I-II | |
| **Location(s) Affected** | |
| |  |  |  | | --- | --- | --- | | **Site Type** (Primary Site, Branch Campus, Additional Location) | **Address** | **Effective Date of Withdrawal** | |  |  |  | | |
| Attachments to be emailed with Voluntary Withdrawal of Accreditation Form:  1. List of enrolled adult learners still in the process (not completed); include current address, telephone number, and email address.  2. Documentation of proof of notification of withdrawal to incomplete adult learners, including their options for completion.  3. Timeline for completion of program responsibilities to enrolled adult learners.  4. Address where records of past graduates will be maintained.  5. Contact person including contact information (address, telephone, email).  **Director’s Statement: I ATTEST THAT our program’s Voluntary Withdrawal of Accreditation Form is a true and accurate and supporting documentation is included.** | |
| Program Director Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Written Signature/Date      Electronic Signature/Date (type name above) | Chief Executive Name    Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Written Signature/Date    Electronic Signature/Date (type name above) |