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| **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 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**  |
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| **Site Type** (Primary Site, Branch Campus, Additional Location) | **Address** | **Effective Date of Withdrawal** |
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| 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) |