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| A blue circle with white text  AI-generated content may be incorrect.  **MONTESSORI ACCREDITATION COUNCIL FOR TEACHER EDUCATION**  **Voluntary Withdrawal of Accreditation Form**  **Instructions:** Complete and email this form and all requested documentation to [info@macte.org](mailto:info@macte.org) and the program or institution’s affiliating organization. | |
| **This form is to be used for the voluntary withdrawal of accreditation for an entire program or institution, course level(s) (and all related locations), or withdrawal of a single additional location.** | |
| **Program Information** | |
| Legal Name of Program/Institution:  Program Name (if different): | |
| **Type of withdrawal** | |
| Withdrawal of accreditation for (choose one):  entire program/institution and all levels and locations ( check if withdrawal coincides with program ending/institution closing)  the course level(s) selected and all related locations  the level(s) selected at a single additional location | |
| **Level(s) Affected** | |
| Infant Toddler  Early Childhood  Elementary I  Elementary I-II  Elementary II  Secondary I  Secondary I-II  Administrator | |
| **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) and their email addresses  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.  **For entire program/institution withdrawals**  **The program/institution understands that:**  1. the MACTE portal will remain open for 14 calendar days after the effective date of withdrawal;  2. any reference to MACTE, the MACTE competencies, or the MACTE Quality Principles or Standards must be removed from the program/institution's website, handbooks, syllabi and any other documentation or publications;  3. only adult learners who are already registered with MACTE will be considered as graduating from an accredited Montessori teacher education program and be eligible to receive a MACTE seal on their credential.  **For Level/Location withdrawals**  **The program/institution understands that:**  1. all of an accredited program/institution’s levels and locations actively enrolling adult learners must be (or applying to become) MACTE accredited;  2. the level(s) and location(s) being withdrawn cannot enroll any new cohorts without reapplying for accreditation. | |
| Program Director Name      Electronic Signature/Date  *(type name above)* | Chief Executive Name    Title    Electronic Signature/Date  *(type name above)* |