



Application Form

Doctoral Program in Expressive Arts

1. Male Female

Please use block letters

First Name _____ Surname _____

Correspondence address _____

Postal (zip) code _____ Town _____ Country _____ State _____

Phone no _____ Email address _____

2. Date of Birth (d/m/y) _____ Place of Birth _____

Nationality _____ Profession _____

Present occupation _____ Present position _____

Employer _____

3. How did you learn about the European Graduate School?

Personal recommendation

Research/Search/Google

Website

Facebook

Advertising

Publication

Conference/Symposium

4. Institute Training _____

Is the institute a member of International Network of Expressive Arts Therapy Training Centers? Yes



5. Native language _____

Please list other languages you know and indicate degree of proficiency (good, fair):

| Language | written | spoken |
|----------|---------|--------|
| English | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. For transferring students from another Postgraduate program

If not applicable go directly to item 7.

Name and address of graduate school transferring from

Number of semesters and credits taken _____ *(Please include transcript/testate, etc.)*

7. List all undergraduate and graduate schools attended, starting with the highest level

(Do not list courses outside of school curriculum.)

If item 6 is completed go directly to item 8.

Name and location of school _____

Attendance dates from _____ until _____

Age at completion _____

Diploma, degree, certificate earned _____

Name and location of school _____

Attendance dates from _____ until _____

Age at completion _____



The European Graduate School
EST. 1994

Diploma, degree, certificate earned _____

Name and location of school _____

Attendance dates from _____ until _____

Age at completion _____

Diploma, degree, certificate earned _____

8. Please include certified copy of the highest certificate or diploma achieved.

Diplomas in languages other than *English, German, French, Italian, Spanish, and the Scandinavian Languages* must be translated by a professional translator or accompanied by an affidavit of a designated local adjunct faculty of EGS.

Name of institution _____ Title _____

9. Admissions interview

- In a course or Individually
- With a faculty member of EGS
- With a representative of EGS

Location _____ Interviewer _____

10. Additional information needed

10.1 Recommendation

- Faculty member of EGS
- EGS Representative
- Other

10.2 Updated resume *please type*

The resume should include the following information about your professional experience:

- Work experience
- Community work, public artistic activity, publications

10.3 Recommendation

Please include at least one letter of recommendation from present or past employer.



10.4 Statement of Intention

Please include a two page typed statement of your educational goals and your reasons for studying at EGS.

11. Application fee of CHF (Swiss Francs) 320.—

The application fee of CHF 320.— needs to be paid directly to the European Graduate School immediately after submitting the application form and documents to the appropriate address mentioned below.

The payment methods are as follows:

1. Bank transfer Raiffeisen Bank Mischabel-Matterhorn, Bahnhofstrasse 5, CH-3924 St. Niklaus, Switzerland
Swift Code: RAIFCH22, International Bank Account Number (IBAN): CH 66 8049 6000 0073 5809 5
Clearing Number/Routing Number: 80496

Holder of the Account: European Graduate School EHB/EGS, Ringacker, 3953 Leuk-Stadt, Switzerland

Please make sure that the full amount due is being received at the EGS bank account. Additional charges for international bank transfers will have to be covered by the sender. Please include your name with the bank transfer.

2. Credit Cards Please note: An administrative service tax of 1% of the due amount will be added to payments with Credit Cards. In order to charge the application fee to your Credit Card fill out the fields below:

 Visa MasterCard

Number of Credit Card: _____

Expiration date: _____

12. I certify that the information given on this application is complete and accurate.

Date _____ Signature _____

➤ **Please check to see that all information is correctly completed! Incomplete applications will not be processed.**

Please send this form with all necessary documentation to:

European Graduate School EGS
Admissions Office
Alter Kehr 20
CH-3953 Leuk-Stadt
Switzerland

Tel: +41 27 474 99 17

Fax: +41 27 474 99 18

E-Mail: administration@egs.edu