



The European Graduate School  
EST. 1994

## 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



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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 \_\_\_\_\_



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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](mailto:administration@egs.edu)