



The European Graduate School
EST. 1994

Application Form

I herewith apply for the:

- Master of Arts in Expressive Arts Therapy (with a Minor in Psychology)
- Master of Arts in Expressive Arts Coaching and Consulting (with the option of a concentration in Education or Special Education)
- Master of Arts in Expressive Arts Conflict Transformation and Peacebuilding

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?

- | | |
|--|---|
| <input type="checkbox"/> Personal recommendation | <input type="checkbox"/> Research/Search/Google |
| <input type="checkbox"/> Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Conference/Symposium | <input type="checkbox"/> _____ |

4. Cooperating institute currently enrolled _____

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 Graduate School only

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.)*

Degree received _____ *(Please include copy of diploma.)*

7. List all schools attended, starting with secondary school

(Do not list courses outside of school curriculum.)

If item 5 is completed go directly to item 9.

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 _____

Diploma, degree, certificate earned _____

Name and location of school _____



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Attendance dates from _____ until _____

Age at completion _____

Diploma, degree, certificate earned _____

8. Undergraduate Diploma *(Please include certified copy.)*

If not applicable go directly to item 8.

BA, BS, Fachhochschulabschluss, Hochschulstudium or equivalent. Diplomas in other languages than English, German, French, Italian, Spanish, Scandinavian must be translated by a professional translator or accompanied by an affidavit of a designated local Adjunct Professor of EGS.

Name of institution _____ Title _____

9. 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 _____

10. Program of study you want to join

Expressive Arts Therapy Expressive Arts Coaching and Consulting Expressive Arts Conflict Transformation

Year you would like to begin your studies _____

How did you hear about the European Graduate School? _____

Area of concentration (if any) _____

11. Admissions interview

In a course or Individually

With a faculty member of EGS

With a representative of EGS

Location _____ Interviewer _____

12. Additional information needed

12.1 Recommendation

Faculty member of EGS EGS Representative Programm Director of Cooperating University or Institute Other

12.2 Updated resume *please type*



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

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

12.3 Recommendation

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

12.4 Statement of Intention

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

13. 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:

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

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 of the senders bank will have to be covered by the sender. Please include your name with the bank transfer.
- Credit Cards** *An administrative service tax of 1% of the due amount will 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: _____

3 Digit Security Number on the back of the Credit Card: _____ Expiration date: _____

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