



The European Graduate School  
EST. 1994

## **Expressive Arts in Global Health**

*Expressive Arts in Transition (EXIT) and Community Ritual:  
Moving Toward Belonging After Trauma and Displacement  
Certificate of Practice in Early Intervention (EXIT)*

*November 1<sup>st</sup> to November 10<sup>th</sup> 2018 in Malta*

This course offers a blended learning experience with 10 days onsite on Malta followed by 5 months supervised group practice with EXIT. The program is lead by an internationally acclaimed faculty. Initiated as a pilot program in April 2016. Certificates of completion are awarded by the European Graduate School Division of Arts, Health and Society (Continuing Education).

Please note: This certificate program is required for students specializing in Expressive Arts in Conflict Transformation & Peace building at EGS with the exception of those students, on a graduate level, already qualified in this area.

### **Campus**

Campus Malta  
Fort St Elmo  
Valletta VLT 1741, Malta

### **Course Fee**

CHF 2950 / 5 US credits (10 European study points) / due on September 30, 2018

### **Payment**

In order to make your registration final you must enclose proof of payment for the tuition fee. The payment methods are mentioned on the enclosed registration form. Seminars can only be attended, if full amount of tuition is being received by the above mentioned deadline.

### **Registration**

Registration deadline is September 30, 2018  
The registration form must be filled out and forwarded to:  
European Graduate School – EGS, Alter Kehr 20, CH-3953 Leuk-Stadt, Switzerland  
Email: [administration@egs.edu](mailto:administration@egs.edu), Fax Nr.: + 41 27 474 99 18  
Please note that an admission interview is required

### **Room and Board Reservation**

The participants must find and pay room and board directly in Valetta, Malta. Information about lodging please see <http://egs.edu/malta#accommodation>

### **Travel information**

Information about travel arrangements please see <http://egs.edu/malta#travel-information>

### **Further Information and Contact**

EGS administration office at [administration@egs.edu](mailto:administration@egs.edu)  
Contact form <http://expressivearts.egs.edu/contactform>  
Information about Expressive Arts Global Health <http://expressivearts.egs.edu/expressive-arts-global-health>

## Registration Form Expressive Arts in Global Health

*Expressive Arts in Transition (EXIT) and Community Ritual:  
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Please fill out the form in block letters and return it by email, fax or postal mail to the EGS Registration Office.

Registration Deadline is September 30, 2018.

Gender  female  
 male

First name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

I am applying for the MA program and attach my application and pay the application fee of CHF 320

I am a student from Malta and would like to be considered for a rebate for Maltese students

### Payment Methods

I have paid through Bank, on \_\_\_\_\_ (date of payment),

to/ Raiffeisenbank Mischabel-Matterhorn, Bahnhofstr. 5, CH-3924 St. Niklaus, SWITZERLAND

BIC/Swift code RAIFCH22

Clearing/Routing Number 80496

IBAN/ CH6680496000007358095

Holder of the account/ European Graduate School EHB/EGS, Ringacker, CH-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.**

I give EGS the authorization to charge my CreditCard

Number of credit card \_\_\_\_\_

Expiration date \_\_\_\_\_

Amount \_\_\_\_\_

**Visa or Master Card are the only credit cards accepted at EGS for payment. An administrative service tax of 1% of the due amount will be added to credit card payments.**

### Insurance Waiver

I agree to be responsible for my own health and accident insurance coverage and waive all claims against the European Graduate School or its employees.

Date \_\_\_\_\_ Signature \_\_\_\_\_