



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)*

October 31st to November 10th 2019

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 in full when handing in registration

Payment

In order to make the registration final for this course, this form must be accompanied by proof of payment for the tuition fee. The payment methods are mentioned on the registration form. Please note that seminars can only be attended, if the full amount of tuition is remitted.

Registration

The registration form must be filled out and returned no later than September 30, 2019 including proof of payment by eMail to administration@egs.edu or by postal mail to European Graduate School-EGS, Alter Kehr 20, CH-3953 Leuk-Stadt, Switzerland

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

about travel arrangements please see <http://egs.edu/malta#travel-information>
Please do not book any travel arrangements unless your registration is confirmed.

Further Information

Contact form <http://expressivearts.egs.edu/contactform>
Information about Expressive Arts Global Health <http://expressivearts.egs.edu/expressive-arts-global-health>

Administration Office

Alter Kehr 20, CH-3953 Leuk-Stadt, Switzerland

T +41 27 474 99 17

administration@egs.edu

www.expressivearts.egs.edu

www.facebook.com/XpressiveArts

Registration Form 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)

October 31st to November 10th 2019

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, 2019**

Gender female male

Social Security Number _____

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 student

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 transferred and received in Swiss Francs at the EGS bank account. Additional charges for international bank transfers of the sender's 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 CREDIT CARD

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.

I hereby confirm that I fully understand the payment conditions of the European Graduate School:

Date _____ Signature _____

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 _____