



The European Graduate School  
EST. 1994

## Fall School Malta 2020

### EGS 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)

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.

<b>Date</b>	Classes begin October 29 <sup>th</sup> 2020 at 5:00pm Classes end November 8 <sup>th</sup> 2020 at 12:00am
<b>Campus Malta</b>	Fort St Elmo Valletta VLT 1741, Malta
<b>Course Fee</b>	CHF 3'100.-/ 5 US credits (10 European study points) / due in full when handing in registration
<b>Payment</b>	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.
<b>Registration</b>	The registration form must be filled out and returned no later than September 30, 2020 including proof of payment by email to <a href="mailto:administration@egs.edu">administration@egs.edu</a> or by postal mail to European Graduate School-EGS, Seewjinenstrasse 6, CH-3930 Visp, 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>

# Registration Form Fall School Malta 2020

## EGS Expressive Arts in Global Health

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Certificate of Practice in Early Intervention (EXIT)

October 29<sup>th</sup> to November 8<sup>th</sup> 2020

Please fill out the form in block letters and return it by email or postal mail to the EGS Registration Office.

**Registration Deadline is September 30, 2020.**

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/ **The European Graduate School EGS, Seewjinenstrasse 6, CH-3930 Visp, 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 \_\_\_\_\_