



The European Graduate School
EST. 1994

Application Form

Master Program in Expressive Arts

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**
- Other** / Please specify: _____

1. Male Female Social Security Number _____

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 _____

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. Partner institute currently enrolled _____

Is the institute a member of International Network of Expressive Arts Therapy Training Centers? Yes No



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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 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 _____

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 _____

Please note that the admission interview is a minimum requirement to apply.
You can contact the Administrative Office for more information.

12. Additional information needed

12.1 Recommendation

Faculty member of EGS EGS Representative Program 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



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12.3 Recommendation

Please include at least one letter of recommendation from present or past employer. Should this not apply to you, you can include a recommendation letter of a teacher, mentor or program director.

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:

1. Bank transfer Raiffeisen Bank Mischabel-Matterhorn, Beim Dorfplatz, CH-3906 Saas-Fee, Switzerland
Clearing Number/Routing Number: 80496, Swift Code: RAIFCH22496
International Bank Account Number (IBAN): CH7680808003009811251

Holder of the Account: EGS European Graduate School Foundation, Seewjinenstrasse 6, 3930 Visp, 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 sender's bank will have to be covered by the sender. Please include your name with the bank transfer.*

2. 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: _____

Expiration date: _____

I certify that the information given on this application is complete and accurate.

Date _____ Signature _____

Make sure you have all required documents/information ready:

- completed application form,
- a copy of undergraduate diploma (Point 8) or copy of the highest certificate or diploma achieved (Point 9),
- completed admission interview (Point 11),
- an updated resume (Point 12.2),
- letter of recommendation (Point 12.3),
- statement of intention (Point 12.4),
- paid application fee (Point 13)

Please send this application form with all necessary documentation by email (is preferred) or mail to:

The European Graduate School EGS, Admissions Office, Seewjinenstrasse 6, 3930 Visp, Switzerland
E-Mail: administration@egs.edu