



EUROPEAN GRADUATE SCHOOL EGS  
SAAS-FEE, WALLIS, SWITZERLAND

Administrative Office: Alter Kehr 20, CH-3953 Leuk-Stadt, Switzerland  
Tel. +41 (0)27- 474 99 17 Fax +41 (0)27- 474 99 18  
administration@egs.edu  
www.egs.edu

## 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**
- 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. \_\_\_\_\_ Fax no. \_\_\_\_\_

E-Mail address: \_\_\_\_\_

2 Date of Birth (d/m/y) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Profession \_\_\_\_\_ Present occupation \_\_\_\_\_

Present position \_\_\_\_\_

Employer \_\_\_\_\_

3 Cooperating institute currently enrolled \_\_\_\_\_

Is the institute a member of International Network of Expressive Arts Therapy Training Centers?  Yes

4 Native language \_\_\_\_\_

Please list other languages you know and indicate degree of proficiency (good, fair):

Language \_\_\_\_\_ written \_\_\_\_\_ spoken \_\_\_\_\_

English \_\_\_\_\_

\_\_\_\_\_

**5 For transferring students from another graduate school only**

*If not applicable go directly to item 6*

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.)*

**6 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 \_\_\_\_\_

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 \_\_\_\_\_

**7 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 \_\_\_\_\_

**8 Please include certified copy of the highest certificate or diploma achieved.**

Diplomas in other 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 \_\_\_\_\_

- 9 Program of study;**  **Expressive Arts Therapy**  
 **Expressive Arts Coaching and Consulting**  
 **Expressive Arts Conflict Transformation and Peacebuilding**

Year you would like to begin your studies \_\_\_\_\_

How did you hear about the European Graduate School? \_\_\_\_\_

Area of concentration (if any) \_\_\_\_\_

**10 Admissions interview with a faculty member of EGS**

In a course or  individually

With a faculty member of EGS

With a representative of EGS

Location \_\_\_\_\_ Interviewer \_\_\_\_\_

**11 Additional information needed**

- 1. Recommendation**  EGS Representative  Faculty member of EGS  
 Program Director of Cooperating University or Institute  Other

- 2. Updated resume** *please type*  
The resume should include the following information about your professional experience:  
- Work experience  
- Community work, public artistic activity, publications

- 3. Recommendation** Please include at least one letter of recommendation from present or past employer

**12 Application fee of CHF (Swiss Francs) 300.—**

The application fee of CHF 300.- 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. Check International Bank Check
2. Bank transfer Raiffeisen Bank, Leuk-Leukerbad  
CH-3952 Susten - Switzerland  
Account no. 13493-31  
Clearing Number: 80527  
Swift Code: RAIFCH22  
IBAN: CH 77 8052 7000 0013 4933 1
3. VISA Credit card Please note: Visa is the only credit card accepted for payments at EGS and an administrative service charge will be added to payments with VISA.  
  
In order to charge the application fee to your VISA credit card we need:  
  
Number of VISA credit card: \_\_\_\_\_  
  
Expiration date: \_\_\_\_\_

**13 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  
Admission Office  
Alter Kehr 20  
CH-3953 Leuk-Stadt  
Switzerland  
E-Mail: [administration@egs.edu](mailto:administration@egs.edu) Tel. +41 27 474 99 17 Fax +41 27 474 99 18  
  
[www.egs.edu](http://www.egs.edu)