



EUROPEAN GRADUATE SCHOOL EGS

Alter Kehr 20, CH-3953 Leuk-Stadt
TEL. +41 (0)27 4749917 FAX +41 (0)27 4749969 E-mail: administration@egs.edu
expressivearts.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 Coaching, Consulting and Education

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 Affiliated 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**
 Coaching, Consulting and Education

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** Director of affiliated institute Faculty member of EGS
 EGS Representative 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) 250.—

The application fee of CHF 250.- 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 Tel. +41 27 474 99 17 Fax +41 27 474 99 69
expressivearts.egs.edu