



EUROPEAN GRADUATE SCHOOL EGS

Alter Kehr 20, CH-3953 Leuk-Stadt
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expressivearts.egs.edu

Application Form

Doctoral Program in Expressive Arts:
Therapy, Consulting, 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 Institute Training _____

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

Native language _____

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

Language	written	spoken
English	_____	_____
_____	_____	_____
_____	_____	_____

4 For transferring students from another post graduate program

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.)*

5 List all undergraduate and graduate schools attended, starting with the highest level

(Do not list courses outside of school curriculum).

If item 5 is completed go directly to item 8

Name and location of school _____
Attendance dates from _____ until _____
Age at completion _____
Diploma, degree, certificate earned _____

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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 _____

6 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 _____

7 Program of study you want to join

Expressive Arts or Interdisciplinary

Other _____

Year you would like to begin your studies _____

How did you hear about the European Graduate School? _____

8 Admissions interview

In a course or individually

With a faculty member of EGS

With a representative of EGS

Location _____ Interviewer _____

9 Additional information needed

- 1. Recommendation**
- 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

- 4. Statement of Intention** Please include a two page typed statement of your educational goals and your reasons for studying at EGS.

10 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. 1349331
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: _____

11 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:

Students from North America:

Stephen K. Levine
Dean of Doctoral Studies
118 Wells Street
Toronto, Ontario M5R 1P3
Canada

E-Mail: slevine@yorku.ca

All other students:

European Graduate School
Admissions Office
Alter Kehr 20
CH-3953 Leuk-Stadt
Switzerland

Tel: +41 27 474 99 11
Fax: +41 27 474 99 69
E-Mail: administration@egs.edu