

**ALBERTUS MAGNUS COLLEGE**

New Haven, Connecticut

**Application for Admission**

*Master of Arts in Art Therapy*

Name (Last, First, Middle): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address:

Permanent Address (if different):

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town State Zip Code

\_\_\_\_\_  
City or Town State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

Are you a United States Citizen? \_\_\_ Yes \_\_\_ No\*

If not, state country of citizenship: \_\_\_\_\_

Is English your first language? \_\_\_ Yes \_\_\_ No\*\*

If not, state primary language: \_\_\_\_\_

\* Non-citizens must submit documentation confirming their visa or permanent resident status.

\*\* Non-native speakers must submit TOEFL scores as evidence of their proficiency with the English language, unless they have attended a college or university in an English-speaking country for three or more years.

**Educational History**

*List, in chronological order, all postsecondary institutions (colleges, universities, etc.) attended. Append additional sheets if necessary. An official transcript must be sent to the Admissions Committee, under separate cover, from each institution listed.*

<u>Institution Name &amp; Location</u>	<u>Dates Attended</u>	<u>Course of Study</u>	<u>Degree/Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any Special Recognition, Honors, or Prizes Received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Publications, Presentations at Conferences, or Exhibitions

\_\_\_\_\_  
\_\_\_\_\_

**Practicum/Internship Experience**

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List, in chronological order, all college-sponsored clinical practica and other relevant field experiences. Submitting this application constitutes permission for Albertus Magnus College to contact practicum supervisors for references.

<u>Agency Name and Location</u>	<u>Supervisor's Name</u>	<u>Your Duties</u>	<u>Number of Hours</u>

**Professional Experience**

List, in chronological order, all professional positions held. Append additional sheets if necessary. Any volunteer positions listed should be clearly identified as such. Submitting this application constitutes permission for Albertus Magnus College to contact previous employers for references.

<u>Employer Name and Location</u>	<u>Title</u>	<u>Your Duties</u>	<u>Dates of Employment</u>

Professional licensure/certification (if applicable): \_\_\_\_\_

**Personal Essay**

On a separate sheet (more if necessary), please tell us a little more about yourself. We are particularly interested in what personal qualities and life experiences you believe have led to your interest in studying and practicing Art Therapy, and will likely continue to influence your professional practice in the years to come. Please include a candid evaluation of the aspects of this career you believe will be most rewarding, most challenging, and most frustrating for you, and in what areas you need to develop further in order to become an effective Art Therapist.

**Statement of Applicant**

All of the statements made in this application form and the accompanying essay are materially true. I realize that any misleading information given by me on this application may constitute cause for dismissal from Albertus Magnus College.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed