

APPLICATION FOR ADMISSION POST-MASTER'S ART THERAPY CERTIFICATE PROGRAM

APPLICATION PROCEDURE

All documents submitted in support of this application become the property of St Stephen's College and are not returnable to the applicant or transferable to any third party, with the exception of original art work which will be returned to the applicant if digital copies are provided. All materials will be kept strictly confidential. All materials must be received in order for your application to be considered complete. Keep a copy of the completed application packet for your files. For questions, please contact the Registrar's Office: 1.800.661.4956 (in Canada), 780.439.7311 or at st.stephens@ualbertca. Prospective students should submit the following documentation, in typed form where applicable:

- 1. The attached **application form** with required statements.
- 2. The non-refundable application fee.
- 3. **Official transcripts** of all previous degrees mailed directly to St Stephen's College from the degree-granting institution. Master's Degree in related area (with thesis) must have GPA minimum 72%. Applicants whose transcripts are in a language other than English must submit certified translations of all transcripts being submitted as part of the application. *Applicants applying with a Masters Degree in an area <u>unrelated</u> to health sciences, theology, social work, occupational therapy, counselling, healing arts, education, psychology, fine arts/expressive arts, or the humanities and human sciences must apply for equivalency.
- 4. If language of instruction for prior degree was not English, proof of satisfactory score on an approved English language examination (**TOEFL**, IELTS, or CAEL), referring to English Language Proficiency policy in Academic Calendar.
- 5. **Curriculum vitae** (resumé) in summary form. This document should include:
 - Professional experience: Position, place, and duration
 - Post-secondary education: Degrees, diplomas and certificates held, with institutions and dates
 - Other experience, education or training in art, psychotherapy, counselling and/or spirituality related to proposed program
- 6. A **2-3 page statement** about why the applicant wants to study art therapy at St Stephen's College and how the arts have influenced the applicant's personal development and spiritual journey.
- 7. A 3-5 page document that includes an artist statement and a visual arts and/or expressive arts portfolio. Applicants are required to include 5-10 examples of artwork (paper copies and/or digital versions are acceptable) with descriptions.
- 8. **Two letters of reference** forwarded directly to St Stephen's College, using Reference Form which is part of this application.

Application deadline: Applications can be submitted throughout the year, with an annual application deadline of February 1 for Canadian applicants and November 1 for international applicants. Applicants requiring an evaluation of academic equivalencies must submit their completed application to the College by Dec 1 (Sep 1 for international applicants).

NOTE

PMATC students at St. Stephen's College are not eligible for Government student loan funding.

ST STEPHEN'S COLLEGE POST-MASTER'S ART THERAPY CERTIFICATE PROGRAM Application Form

GENERAL INFORMATION

	wn on one of the following docum nent or Marriage Certificate. This ent upon graduation				
Full Legal Name	The apon graduation.				
		F		1 20 1	
Preferred Name	Surname	First		Initial	
	Surname	First		Initial	
Previous Legal Name (if any)					
	Surname	First		Initial	
Address					
	Street	City/F	City/Province/Postal Code		
Citizenship	□ Canadian Citizen or Perman	nent Resident	□ International Student		
Email					
Phone					
	Home	Busin	ess		
Birth Date					
Religious affiliation if applicable (for statistical use only)					
How did you hear about the program?					
Have you ever been charged for an ethical violation under the codes of ethics of other legislative or institutional policies of a professional association, employer, or under provincial or federal legislation?					
TITLE OF MASTERS OR DO	CTORAL THESIS and BRIEF D	ESCRIPTION OF RES	SEARCH TOPIC [from you	r previous	
LETTERS OF REFER	ENCE				
Name of Referee		Occupation			

Letters of Reference are mailed directly to St Stephen's College, using the form appended to this application.

□ APPLICATION FOR EQUIVALENCY:

Deadline: Dec 1 Canadian/Permanent Residents; Sep 1 International applicants.

Applications from persons who possess an unrelated Master's Degree will be considered if the applicant possesses satisfactory alternate educational experience in the area of psychology, pastoral theology, fine arts, counseling, social work, or the humanities and human sciences. In such cases, the Dean will require evidence of readiness to proceed; the Dean's decision whether or not to accept an application is final. Applicants should submit all supporting documentation (see Admission Requirements), together with any additional assessments, transcripts, and certificates earned. Send completed application form and all documents to the College and pay the non-refundable \$225 equivalency fee. If equivalency is granted, applicants will then be required to pay the normal application fee.

☐ REGULAR APPI Applicants who possess a related Master's Degree: Send your of under Application Procedure to the College and (\$195 Canadian or Permanent Resident application)	completed applic pay the non-refu	ndable applicati	ion fee
(\$133 Canadian of Fermanent Resident applic	ants, 4556 inter	панопагарри	oants).
Method of payment: Personal Cheque or Money Order payable to St Stephen's College	e	□ VIS A □ M	lastercard
Credit Card Number	Expiry	V	alidation number
St Stephen's Co University of Alberta Department of Psychotherapy and 8810 112 Str Edmonton, Alberta Or EMAIL signed application form and docur	Campus Spirituality Adm eet T6G 2J6 nents to: st.steph	iens@ualberta.	
I certify that the information in this application is true and complete I certify that I have read and understand the "Student Records: Cothe Academic Calendar: http://stephen.srv.ualberta.ca/publication documents, or withholding of requested information regarding the dismissal from the College. I agree, if admitted to St Stephen's Coin the St Stephen's College Academic Calendar.	ontents, Access, s I understand is application a	Use, and Prote that misrepres e serious offer	ection" policy outlined in entation, falsification of nces and may result in
Signature	Date		

ST STEPHEN'S COLLEGE

Edmonton, Alberta

Phone: 780.439.7311 Fax: 780.433.8875 Toll-free in Canada: 1.800.661.4956

REFERENCE FORM - POST-MAST	IER'S ART THI	ERAPY CERTIFICATE PROGRAM
APPLICANT NAME		
The College would appreciate a confidential statem admission to one of the degree programs of this Soform, or write comments below. Please indicate the especially on the following points, as possible: (1) Character, personality, and capacity for personal (2) Academic ability (3) Capacity for work in an educational model that knowledge and skill development (4) Emotional stability (5) Leadership and vocational qualities (6) General readiness for pursuing their goals by model (7) Experience and/or readiness to work with clients the considered valid for one year only.	chool of Theology. Rehe length and nature all growth and develop temphasizes reflections of the proposed in a counselling setten.	deferees may attach a letter of reference to this of your relationship to the applicant, and comment of the second personal growth as well as course of studying
MAIL or FAX DIRECTLY TO	REFERENCE	PROVIDED BY
St Stephen's College	Signature	T NOVIDED BY
Post-Master's Art Therapy Certificate Program 8810 112 Street	Name	
Edmonton, Alberta T6G 2J6 Fax: 780.433.8875	Position/Title	
OR EMAIL TO: st.stephens@ualberta.ca	Address	
Do NOT return Reference to Applicant	Phone	