



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@ualberta.ca. 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 unrelated 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

Use your legal name as shown on one of the following documents: Birth Certificate, Passport, Canadian Immigration Student Authorization document or Marriage Certificate. This name will appear on your College records and transcripts, and on your degree parchment upon graduation.

| | | | |
|---|--|----------------------------------|---|
| Full Legal Name | | | |
| | <i>Surname</i> | <i>First</i> | <i>Initial</i> |
| Preferred Name | | | |
| | <i>Surname</i> | <i>First</i> | <i>Initial</i> |
| Previous Legal Name (if any) | | | |
| | <i>Surname</i> | <i>First</i> | <i>Initial</i> |
| Address | | | |
| | <i>Street</i> | <i>City/Province/Postal Code</i> | |
| Citizenship | <input type="checkbox"/> Canadian Citizen or Permanent Resident <input type="checkbox"/> International Student | | |
| Email | | | |
| Phone | | | |
| | <i>Home</i> | <i>Business</i> | |
| 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? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

TITLE OF MASTERS OR DOCTORAL THESIS and BRIEF DESCRIPTION OF RESEARCH TOPIC [from your previous degree]

| |
|--|
| |
|--|

LETTERS OF REFERENCE

| 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 APPLICATION:

Applicants who possess a related Master’s Degree: Send your completed application form and all documents referred to under Application Procedure to the College and pay the non-refundable application fee **(\$195 Canadian or Permanent Resident applicants; \$390 International applicants)**.

Method of payment:

Personal Cheque or Money Order payable to St Stephen's College Cash VISA Mastercard

| | | |
|--------------------|--------|-------------------|
| | | |
| Credit Card Number | Expiry | Validation number |

MAIL APPLICATION TO:

St Stephen's College
University of Alberta Campus
Department of Psychotherapy and Spirituality Admissions
8810 112 Street
Edmonton, Alberta T6G 2J6

Or EMAIL signed application form and documents to: st.stephens@ualberta.ca

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I certify that I have read and understand the "Student Records: Contents, Access, Use, and Protection" policy outlined in the Academic Calendar: <http://stephen.srv.ualberta.ca/publications> I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in dismissal from the College. I agree, if admitted to St Stephen’s College, to comply with the College regulations as stated in the St Stephen’s College Academic Calendar.

| | |
|-----------|------|
| | |
| 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-MASTER'S ART THERAPY CERTIFICATE PROGRAM

| | |
|-----------------------|--|
| APPLICANT NAME | |
|-----------------------|--|

The College would appreciate a confidential statement from you concerning the person named above who has applied for admission to one of the degree programs of this School of Theology. **Referees may attach a letter of reference to this form, or write comments below.** Please indicate the length and nature of your relationship to the applicant, and comment especially on the following points, as possible:

- (1) Character, personality, and capacity for personal growth and development
- (2) Academic ability
- (3) Capacity for work in an educational model that emphasizes reflection on experience and personal growth as well as knowledge and skill development
- (4) Emotional stability
- (5) Leadership and vocational qualities
- (6) General readiness for pursuing their goals by means of the proposed course of study
- (7) Experience and/or readiness to work with clients in a counselling setting

Letters of recommendation for admission can be released on request to the subject of the letter. They are considered valid for one year only.

| | | | | | | | | | | | |
|---|---|-----------|--|------|--|----------------|--|---------|--|-------|--|
| <p>MAIL or FAX DIRECTLY TO</p> <p>St Stephen's College Post-Master's Art Therapy Certificate Program 8810 112 Street Edmonton, Alberta T6G 2J6 Fax: 780.433.8875</p> <p>OR EMAIL TO: st.stephens@ualberta.ca</p> <p>Do NOT return Reference to Applicant</p> | <p style="text-align: center;">REFERENCE PROVIDED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Signature</td> <td style="width: 70%;"></td> </tr> <tr> <td style="padding: 2px;">Name</td> <td></td> </tr> <tr> <td style="padding: 2px;">Position/Title</td> <td></td> </tr> <tr> <td style="padding: 2px;">Address</td> <td></td> </tr> <tr> <td style="padding: 2px;">Phone</td> <td></td> </tr> </table> | Signature | | Name | | Position/Title | | Address | | Phone | |
| Signature | | | | | | | | | | | |
| Name | | | | | | | | | | | |
| Position/Title | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| Phone | | | | | | | | | | | |