Graduate Department of Art Therapy Counseling
Master of Arts in Art Therapy Counseling
Post-Graduate Certificate in Counseling
Post-Graduate Certificate in Art Therapy

APPLICATION INSTRUCTIONS
Applicants are asked to directly contact the department to notify staff of the intention to apply.
Please call 503.699.6244 for the Art Therapy Counseling department.

REQUIRED MATERIALS
- Marylhurst University Application to the Department of Art Therapy program
- Non-refundable $50 application fee
- Official transcripts from all colleges and universities attended
- A chronological résumé
- A brief autobiography
- A slide portfolio
- Three confidential recommendations
- Essay
- Problem Response
- Miller Analogies Test scores

For detailed information on required materials please see Application Element Instructions section.

Send all materials to: Marylhurst University
Office of Admissions – Graduate Admissions
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261
Fax: 503.699.6320

Direct questions to: 503.699.6268 or 800.634.9982 ext. 6268
admissions@marylhurst.edu

APPLICATION DEADLINES AND POLICIES
Applications for September admission to the Art Therapy Counseling programs are requested by January 31 prior to the fall term of enrollment. Later applications will be accepted and considered on a case-by-case basis. The Office of Admissions will forward your application to the Department for review only after all required materials are received. Final candidates will be invited, at your own expense, for a personal interview in person or by phone with members of the graduate faculty.

INTERNATIONAL APPLICANTS
Marylhurst University welcomes international applicants with appropriate academic background. There are also additional requirements specific to international applicants; for more information, please refer to the Admission of International Graduate Students, Proof of English Proficiency and Applicants with Foreign Transcripts sections of the Graduate Admissions catalog. Questions about the requirements and process of admissions for international applicants can be directed to the International Admissions Counselor, Brenda Jones at 503.699.6268 or at bjoness@marylhurst.edu.

FINANCIAL AID
Financial aid is available for those who qualify. Financial aid applications are accepted year-round, but should be submitted at least 2 months before the first term begins. Applying earlier is recommended. Contact the Marylhurst Office of Financial Aid for more information at 503.699.6253 or email finaid@marylhurst.edu. Financial aid is not available for international students.
EQUAL OPPORTUNITY
Marylhurst University is committed to equal opportunity and equal treatment for all qualified individuals. The university will not discriminate against any person because of age, gender, color, race, national origin, religion, marital status, disability, veteran status, sexual orientation, or any other class protected by law.

APPLICATION ELEMENT INSTRUCTIONS
Please put your name in the top right hand corner of all pages submitted with this application. All written materials should be typed in 12-point font and double-spaced. Please do not use binders, plastic sheeting, or report covers.

RECOMMENDATIONS
Three confidential recommendations are required. This application packet includes recommendation forms to be completed by the applicant and provided to the person writing the recommendation. The recommender should seal the completed form in an envelope, sign across the seal, and either return it to the applicant or mail it directly to the Office of Admissions.

ESSAY INSTRUCTIONS
Applicants must submit a six-page paper that briefly describes:
   a) Your view of what the practice of art therapy is all about.
   b) Notable aspects of your work-related experiences and career development.
   c) Why you have chosen to pursue art therapy counseling as a career. Discuss previous involvement with the human services professions and how that may have influenced your goals. You may include relevant personal information or life experiences that have influenced your decision.
   d) Your professional objectives in seeking admission, including goals for using your education shortly after graduation and in the following five and ten years. Describe how you would pursue these goals.
   e) Your present personality strengths and weaknesses that would have impact upon your functioning as a graduate student and as an art therapy counseling practitioner.
   f) Your reasons for selecting the Marylhurst program.

PROBLEM RESPONSE PAPER INSTRUCTIONS
Respond to the following problem (maximum of two pages):

You are working as an art therapist counselor in a community mental health day treatment setting. You function as a professional member of a clinical treatment team consisting of a psychiatrist, psychologist, social worker, occupational therapist, and other mental health counselors. You have established a close relationship with a 45-year-old female client who has a history of violence towards herself and others, but is currently functioning very well. She comes to the day treatment program several times weekly and participates in a variety of activities. This client chooses to confide in you, beginning by saying “I can tell you this because I trust you and I know you won't betray my confidence to anyone else.”

How would you respond to this client? Justify your response for the reader.

MILLER ANALOGIES TEST (MAT)
MAT scores are required for applicants to the Master of Arts in Art Therapy Counseling program; and certificate programs. You must request that scores be sent directly to the Office of Admissions at Marylhurst University. Please plan to take the test early, as it can take a few weeks for the results to reach us. For general information and test locations, visit http://www.MillerAnalogies.com.

AUTOBIOGRAPHY
The autobiography should be no more than four pages and is an opportunity to tell us about you.

PORTFOLIO GUIDELINES
Portfolios should accompany completed program application forms. There must be:
   ▪ Three works which show creative ability and competence in painting.
   ▪ Three works which show creative ability and competence in drawing, including figure drawing.
   ▪ Three works which show creative ability and competence in sculpture, including clay work.

The committee is interested in seeing examples that best demonstrate the applicant’s level of artistic development, rather than art examples with an art therapy orientation.

Portfolios are to consist of 35mm slides or a CD/DVD of nine (9) original works. (Details of three-dimensional works may be included, so more than 9 slides may be submitted.) Images should be of good quality and properly exposed.
   ▪ Slides must be labeled with your name and an indication with both word and arrow of the “top” (or “up”) of the pictured artwork.
   ▪ Each slide must be numbered, and accompanied by an annotated sheet providing: title of work, date of execution, media, and size (height x width x depth) for each slide.
   ▪ Slides are to be submitted in a transparent plastic 3-ring notebook page designed to hold slides. Images submitted on CDs must contain the same information.

Marylhurst University cannot be responsible for loss or damage to slides or discs although every care will be taken.

**If you want to have slides/disks/CDs returned by mail, please submit a self-addressed stamped envelope.**
Graduate Department of Art Therapy Counseling
Application for Admission

Please include the $50 application fee by □ check/money order (enclosed) □ major credit card (below)

Credit Card # ________________________ Expiration ______ Name ________________________

BIOGRAPHICAL INFORMATION (please print or type)

1. Legal Name: ______________________________________________________________________________________________
   Last  First  Middle

2. Preferred Name ___________________________________________________________________________________________

3. Please list all other names that may appear on transcripts: ________________________________________________________

4. Address ________________________________________________________________________________________________
   Street                                                                               City                                                                State                                                                       Zip Code
   Phone: ______________________  □ Home  □ Work  □ Cell
   Email __________________________________________________________________________________________
   Country: ___________________________________________________________________________________________

5. SSN: ______________________ (Required for federal reporting) Date of Birth: _______________ Sex: □ Female □ Male

6. Employer: ______________________________________________ Type of business: ______________________________

7. Have you previously attended Marylhurst? □ No  □ Yes  Under what name? ______________________________________

8. Have you previously applied to a Marylhurst graduate program? □ No  □ Yes  Under what name? ________________________

9. What other programs are you applying to? _______________________________________________________________________

10. Residence Status (choose one)
    □ US citizen
    □ Non-US Citizen
    Country of citizenship ______________________________________________________________________________________
    □ US Permanent Resident

11. Race/Ethnicity Information
    (Complete for maximum scholarship consideration.)
    Are you Hispanic/Latino? □ Yes  □ No
    Race (select one or more):
    □ White
    □ Black/African American
    □ Asian
    □ American Indian or Alaska Native
    □ Native Hawaiian or Other Pacific Islander

12. Is English your first language? □ Yes  □ No

13. Military Service
    A. Are you a Veteran? □ Yes  □ No
    B. Are you a dependent of a veteran? □ Yes  □ No

14. Program you are applying to:
    DEPARTMENT OF ART THERAPY COUNSELING
       Master of Arts Degree
       □ Master of Arts in Art Therapy Counseling
       □ Post Graduate Certificate
       □ Certificate in Counseling
       □ Certificate in Art Therapy

15. I plan to start classes in:
    □ Fall
    □ Winter
    □ Spring
    □ Summer

16. I plan to attend:
    □ Full Time (9 or more credits per term)
    □ Part Time (5-8 credits per term)
Graduate Department of Art Therapy Counseling
Application for Admission

NAMES OF PERSONS WRITING RECOMMENDATIONS
Please have them use the provided forms and follow all instructions.

Name: ________________________________________  Title/Occupation: __________________________________
Name: ________________________________________  Title/Occupation: __________________________________
Name: ________________________________________  Title/Occupation: __________________________________

ACADEMIC BACKGROUND
Please arrange for official transcripts from all colleges/universities you have attended to be sent directly to the Marylhurst Office of Admissions. If you earned credit or degrees from Marylhurst University, please list us below but do not order transcripts. If you are an international student, see instructions for International Applicants.

<table>
<thead>
<tr>
<th>Colleges &amp; Universities Attended</th>
<th>Dates Attended</th>
<th>City/State</th>
<th>Number of Credits</th>
<th>Semester or Quarter?</th>
<th>Degree &amp; Year</th>
<th>Cumulative GPA</th>
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EXPERIENCE IN HUMAN SERVICES WORK (attach separate page if required)

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<th>Location</th>
<th>Position</th>
<th>Dates &amp; Hrs/Week</th>
<th>Supervisor’s Name &amp; Phone or Email</th>
<th>Paid or Volunteer</th>
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ADDITIONAL INFORMATION

Will you need financial aid to complete the program?  □ Yes  □ No
If yes, have you spoken with the Marylhurst Financial Aid Office?  □ Yes  □ No
Have you ever been convicted of a crime?  □ Yes  □ No  If yes, please explain on a separate page.
Would you be able to come for an interview in the spring?  □ Yes  □ No
If not, could you agree to a phone interview?  □ Yes  □ No
I want to complete the Master of Arts in Art Therapy Counseling in:  □ Two years  □ Three years  □ Not Applicable

Please refer to the program prerequisites for Art and Psychology coursework to complete the following form.
27 CREDITS IN VISUAL ARTS
- Painting, 9 credits
- Drawing, 9 credits
- Sculpture, 9 credits

18 CREDITS IN PSYCHOLOGY
- General Psychology, 6 credits
- Abnormal Psychology (upper-division level)
- Counseling Theories/Strategies (upper-division level)

Please indicate the completed or in progress courses you have taken to meet the required prerequisite coursework. All prerequisites must be completed prior to the fall term you plan to begin studies in art therapy counseling.

ART PREREQUISITES – 27 QUARTER CREDITS REQUIRED

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<tr>
<th>Complete Course Title &amp; Number</th>
<th>Dates</th>
<th># of crs.</th>
<th>Semester or Quarter?</th>
<th>Grade</th>
<th>School</th>
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<td>Painting – 9 credits</td>
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PSYCHOLOGY PREREQUISITES – 18 QUARTER CREDITS REQUIRED

General Psychology – 6 credits

Abnormal Psychology (upper division)

Counseling Strategies/Theories (upper division)

Developmental Psychology (upper division)

Psychology of Personality (upper division)

SIGNATURE OF APPLICANT

I certify that the information given by me is complete and accurate, and that I have omitted no substantive information. I recognize that the University reserves the right to verify any information provided here. I also understand that any intentional misrepresentation may be cause for refusing admission or, if discovered after admission, suspension from Marylhurst University and the revoking of any degree granted.

__________________________  __________________________
Signature                  Date
This page is intentionally left blank
Confidential Recommendation Form
Graduate Department of Art Therapy Counseling

TO THE APPLICANT: Complete items 1-8 on this form. Please type or print.
Make copies of the form to send to recommenders (3).

1. Name of Applicant (last, first, middle): ____________________________________________

2. Address: ______________________________________________________________________

3. Degree Desire: __________________________________________________________________

4. Deadline Date: __________________________________________________________________

5. Name of Recommender: __________________________________________________________

6. Position: ______________________________________________________________________

7. Address: _______________________________________________________________________

8. Telephone # (include area code please): _____________________________________________

Applicant’s Access Waiver: I waive my right, provided by the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment), to examine this form and letter. I understand that my being granted or denied admission does not depend on my signing this waiver.

Applicant signature: ___________________________ Date: ____________________________

TO THE RECOMMENDER: The Art Therapy Counseling Department would like this form returned by the applicant by January 31. Please send this form directly to the applicant (at the above address) by January 15 or the Office of Admissions (at the address in the header). Please enclose the form in a sealed envelope with your name signed across the seal.

A. For how long and by what association do you know the applicant?

B. Does the applicant in your opinion have the necessary attributes in scholarship and character to succeed in graduate studies? Please explain.

C. Do you know of any weaknesses which might limit the applicant’s chances for success in graduate work in a counseling discipline?

D. How well does the applicant express him/herself orally and in writing?
E. **Schools** (when applicable). In comparison with other students whom you have had during the past five years, how well does the applicant rank in scholarship?

- [ ] Excellent
- [ ] Average
- [ ] Below Average

**Clinics** (when applicable). Please rank in clinical ability.

- [ ] Excellent
- [ ] Average
- [ ] Below Average

F. Please use the following scale to rate this candidate in the areas listed below:

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Please rate your level of recommendation.

- [ ] Strongly recommend
- [ ] Recommend
- [ ] Recommend with reservations
- [ ] Do not recommend

G. We would greatly appreciate additionally remarks which might help the committee make a fair and proper decision regarding this applicant. **On a separate paper**, please comment on the potential ability of the applicant in areas you believe relevant to the proposed program of study. Include comments on the applicant's:

1. Intellectual ability
2. Maturity
3. Skill in interpersonal relations
4. Personality
5. Motivation and commitment
6. Clinical aptitude and present skills
7. Ethics
8. Potential as a practitioner of art therapy counseling

Evaluator's Signature

Date

*Please mail this reference directly to the applicant or the Office of Admissions in an envelope signed across the seal.*
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- Below Average

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- Excellent
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- Below Average

F. Please use the following scale to rate this candidate in the areas listed below:

1 = low     2 = below average     3 = average     4 = above average     5 = high     NA = no basis for judgment in this area

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Please rate your level of recommendation.

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

G. We would greatly appreciate additionally remarks which might help the committee make a fair and proper decision regarding this applicant. On a separate paper, please comment on the potential ability of the applicant in areas you believe relevant to the proposed program of study. Include comments on the applicant's:

1. Intellectual ability
2. Maturity
3. Skill in interpersonal relations
4. Personality
5. Motivation and commitment
6. Clinical aptitude and present skills
7. Ethics
8. Potential as a practitioner of art therapy counseling

Evaluator's Signature    Date

Please mail this reference directly to the applicant or the Office of Admissions in an envelope signed across the seal.

11/2012
Confidential Recommendation Form
Graduate Department of Art Therapy Counseling

TO THE APPLICANT: Complete items 1-8 on this form. Please type or print. Make copies of the form to send to recommenders (3).

1. Name of Applicant (last, first, middle): ____________________________

2. Address: ____________________________

3. Degree Desire: ____________________________

4. Deadline Date: ____________________________

5. Name of Recommender: ____________________________

6. Position: ____________________________

7. Address: ____________________________

8. Telephone # (include area code please): ____________________________

Applicant’s Access Waiver: I waive my right, provided by the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment), to examine this form and letter. I understand that my being granted or denied admission does not depend on my signing this waiver.

Applicant signature: ____________________________ Date: ____________________________

TO THE RECOMMENDER: The Art Therapy Counseling Department would like this form returned by the applicant by January 31. Please send this form directly to the applicant (at the above address) by January 15 or the Office of Admissions (at the address in the header). Please enclose the form in a sealed envelope with your name signed across the seal.

A. For how long and by what association do you know the applicant?

B. Does the applicant in your opinion have the necessary attributes in scholarship and character to succeed in graduate studies? Please explain.

C. Do you know of any weaknesses which might limit the applicant’s chances for success in graduate work in a counseling discipline?

D. How well does the applicant express him/herself orally and in writing?
E. **Schools** (when applicable). In comparison with other students whom you have had during the past five years, how well does the applicant rank in scholarship?

- □ Excellent
- □ Average
- □ Below Average

**Clinics** (when applicable). Please rank in clinical ability.

- □ Excellent
- □ Average
- □ Below Average

F. Please use the following scale to rate this candidate in the areas listed below:

1 = low  2 = below average  3 = average  4 = above average  5 = high

<table>
<thead>
<tr>
<th>NA</th>
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<table>
<thead>
<tr>
<th>Potential for graduate-level academic success</th>
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</thead>
<tbody>
<tr>
<td>Articulate oral expression of ideas</td>
</tr>
<tr>
<td>Articulate written expression of ideas</td>
</tr>
<tr>
<td>Commitment to continued learning</td>
</tr>
<tr>
<td>Willingness to take risks</td>
</tr>
<tr>
<td>Willingness and ability to embrace change</td>
</tr>
<tr>
<td>Ability as a leader</td>
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<tr>
<td>Understanding of human behavior</td>
</tr>
<tr>
<td>Ability to work with persons of diverse backgrounds</td>
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<tr>
<td>Promotion and acceptance of diversity</td>
</tr>
<tr>
<td>Ability to effectively collaborate with others</td>
</tr>
<tr>
<td>Ability to initiate and carry through work projects</td>
</tr>
<tr>
<td>Willingness to accept supervision</td>
</tr>
<tr>
<td>Ability to work cooperatively</td>
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<tr>
<td>Commitment to equity for all people</td>
</tr>
<tr>
<td>Dependability</td>
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<tr>
<td>Emotional stability</td>
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<tr>
<td>Exercise of mature judgment</td>
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<tr>
<td>Organization and effective time management</td>
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<tr>
<td>Ability to cope with stressful workload</td>
</tr>
<tr>
<td>Awareness of self-care</td>
</tr>
</tbody>
</table>

Please rate your level of recommendation.

- □ Strongly recommend
- □ Recommend
- □ Recommend with reservations
- □ Do not recommend

G. We would greatly appreciate additionally remarks which might help the committee make a fair and proper decision regarding this applicant. **On a separate paper**, please comment on the potential ability of the applicant in areas you believe relevant to the proposed program of study. Include comments on the applicant’s:

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