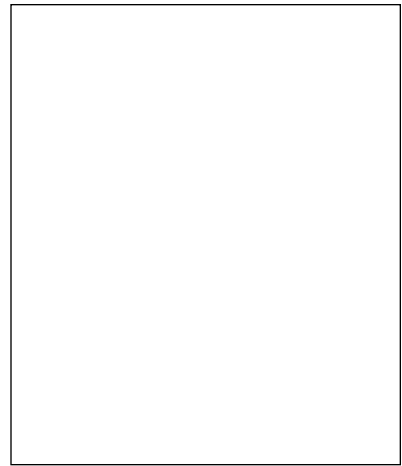




MARYLHURST UNIVERSITY

APPLICATION FOR ADMISSION MASTER OF ARTS • ART THERAPY COUNSELING POST-GRADUATE CERTIFICATE IN ART THERAPY POST-GRADUATE CERTIFICATE IN COUNSELING



Recent Head and Shoulders
Photo Here

Applications for September admission to the Art Therapy Counseling M.A. and certificate programs are requested by January 31 prior to the fall term of enrollment. Later applications will be accepted and considered. Applicants are asked to directly contact the department to notify staff of intention to apply. Call 503.699.6244 or email arttherapy@marylhurst.edu.

Please type or print clearly in black ink.

PLEASE PUT YOUR NAME IN THE UPPER RIGHT CORNER OF ALL PAPERS ATTACHED TO OR INCLUDED WITH THIS FORM.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

Date of Birth _____ Social Security Number _____

Include unopened OFFICIAL transcripts from all colleges/universities attended.

Have results of your Miller Analogies Test (MAT) sent directly to the Office of Admissions by January 31.

List all names that may appear on transcripts _____

College/University	Dates of Attendance	# of Crs.	Semester or Quarter?	Degree	Cum. GPA

ART PREREQUISITES:

Complete Course Title	Dates	# of crs.	Semester or Quarter?	Grade	College or University
Painting					
Drawing					
Sculpture					

PSYCHOLOGY PREREQUISITES:

Complete Course Title	Dates	# of crs.	Semester or Quarter?	Grade	College or University
General Psychology (6 crs.)					
Abnormal Psychology					
Counseling Strategies/Theories					
Developmental Psychology					
Psychology of Personality					

ART THERAPY COUNSELING APPLICATION – PAGE 3

If an advisor has approved classes for prerequisites which differ in course title from those listed, please check the box and attach written approval from that advisor or your statement regarding contact with the advisor.

If you have prerequisites which are yet to be completed, please check the box and attach an outline of your plan to do this coursework. Include when and where you will take the classes. Prerequisites are to be completed prior to the fall term you propose to begin your studies in art therapy counseling.

If your circumstances are exceptional and you are asking for special consideration regarding prerequisites, please check the box and attach your request and supporting material.
NOTE: Classes taken without earned academic credit will not be considered.

Choose One:

I am applying for admission to the M.A. in Art Therapy Counseling Program. Yes No

I am applying for admission to the Post-Graduate Certificate in Art Therapy Program. Yes No

I am applying for admission to the Post-Graduate Certificate in Counseling Program. Yes No

NOTE: Post-graduate certificates in Art Therapy are no longer accepted by the professional association to apply towards registration/board certification.

EXPERIENCE IN HUMAN SERVICES WORK (Attach separate page if required.)

Location	Position	Dates / # of Hours Weekly	Supervisor's Name Phone # &/or Email Address	Paid or Volunteer

Will you need financial aid to complete the program? Yes_____ No_____

If yes, have you spoken with the Marylhurst Financial Aid Office? Yes_____ No_____

Will you be attending the program full time? Yes_____ No_____
part time? Yes_____ No_____

If part time, how many credits do you plan to take each term?_____

Have you ever been convicted of a crime? Yes_____ No_____
If yes, please explain on a separate page.

Have you or do you plan to apply for admission to other master's degree or certificate programs? Yes_____ No_____

If so, which programs?_____

Can you come, at your expense, for a personal interview in the spring? Yes_____ No_____

If not, are you agreeable to a phone interview, at your expense? Yes_____ No_____

RECOMMENDATIONS HAVE BEEN REQUESTED FROM:

Name	Occupation	Address	Phone Number &/or Email Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please include current or recent immediate supervisor. Have each recommender complete the recommendation form and mail it directly to you in a sealed envelope, signed across the seal.

PLEASE ENCLOSE THE FOLLOWING:

1. The Art Therapy Counseling Program application form WITH PHOTO ATTACHED
2. Unopened OFFICIAL transcripts from all colleges/universities attended
3. The application fee of \$40
4. A chronological résumé
5. A brief autobiography - 4 pages maximum
6. A slide portfolio (see details attached), Disks/CDs are acceptable.
7. Three confidential recommendations in sealed envelopes, signed by the recommender across the seal
8. A 6-page paper typed and double-spaced briefly describing:
 - 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. You may wish to include relevant personal information and life experiences that have influenced your decision. Discuss previous involvement with the human services professions and how that may have influenced your goals.
 - d) your professional objectives in seeking admission including goals for using your education shortly after graduation and in the following 5 and 10 years. Discuss 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.
9. Respond to the following problem (maximum of two double-spaced pages).

You are working as an art therapist 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 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.

Note: Send one copy of all written material except transcripts and recommendations. Please do not use binders or plastic sheeting.

10. **M.A. Applicants:** Request Miller Analogy Test scores be sent to the Office of Admissions, Marylhurst University.

NOTE: Miller Test results can usually be obtained a few weeks after taking the test. Please arrange to take the test in time for the results to arrive close to the end of January.

PLEASE NOTE: Applicants who are admitted will be asked to send a \$200 deposit to secure a place within the program. The deposit is non-refundable, and will be applied to fees during fall term.

MASTER OF ARTS IN ART THERAPY COUNSELING PROGRAM PORTFOLIO GUIDELINES

Portfolios should accompany completed program application forms.

Portfolios are to consist of 35mm slides or a disk/CD of 9 original works (Details of three-dimensional works may be included, so more than 9 slides may be submitted.)

There must be: 3 works which show creative ability and competence in painting

3 works which show creative ability and competence in drawing, including figure drawing

3 works which show creative ability and competence in sculpture, including clay work

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

The images you submit 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 artwork pictured. Each slide must be numbered and an annotated sheet provided giving the following information for each slide: Title of work, date of execution, media, size (height x width x depth). Slides are to be submitted in a transparent plastic three-ring notebook page designed to hold slides. Images submitted on disks/CDs must contain the same information.

MARYLHURST UNIVERSITY CANNOT BE RESPONSIBLE FOR LOSS OF OR DAMAGE TO SLIDES/ DISKS ALTHOUGH EVERY CARE WILL BE TAKEN.

If you want to have slides/disks/CDs returned by mail, submit a self-addressed stamped envelope.

Art Therapy Counseling Program
Marylhurst University
17600 Pacific Hwy (Hwy 43)
P.O. Box 261
Marylhurst OR 97036-0261

503.699.6244

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

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. We would greatly appreciate additional remarks which might help the committee make a fair and proper decision regarding this applicant. 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. Potential as a practitioner of art therapy

Signature_____ Date_____

Please mail this reference directly to the applicant in an envelope signed across the seal.