

14. Have you previously applied for admission to this program? ___ Yes ___ No **If yes, when?** _____

15. List in chronological order **all** educational institutions beyond high school that you have attended, including those you are currently attending. **(Official transcripts must be submitted for each institution listed).**

Full Name of School	City/State	Attended		Major	Degree/Date (Received or Anticipated)
		From	To		

16. If you are currently attending a college or university, **please list work in progress if taken for credit.**

Subject/Department	Course Name And Number	Credits	Term	Name of School

17. List any academic or professional honors and awards you have received.

18. Have you been dismissed from any college or university? ___ Yes ___ No **If yes, please explain and attach additional pages if necessary.**

19. What is your current occupation?

Title/Position	Employer	City/State	Dates From To	Full Time	Part Time

20. List memberships and offices held in major professional, civic, or volunteer organizations in the past 5 years.

Organization	Dates From To	Offices Held

21. How did you hear about this program?

- Newspaper or other publication GradSchools.com Web Site Other Graduate School Web Site (eg. Peterson's)
 Current student Alumnus School or college official
 Colleague EVMS Web Site
 Other: _____

22. What was the most important factor that influenced you to apply to this program?

- Reputation of EVMS Reputation of this program
 Location Academic award (type/level of degree)
 Other: _____

23. Have you ever been convicted of a felony or misdemeanor, or are any criminal charges pending against you?

- Yes No **If yes, please explain and attach additional pages if necessary.**

24. Please record the names, positions, addresses and telephone numbers of two academic references and one personal/professional reference (see also, recommendation form).

- a. _____

- b. _____

- c. _____

25. Write a brief autobiography, including a personal statement about how you became interested in art therapy and the experiences you have had that are relevant to your professional goals. **Attach additional sheets if necessary, but please do not exceed approximately 500 words.**

I hereby certify that I personally filled out this form and the information is complete and correct to the best of my knowledge. I understand that any information supplied in support of this application will be treated as confidential by the medical school and not be divulged to any party except as permitted by law. I understand that the credentials submitted in support of the application become property of EVMS and are not returnable.

Applicant's Signature

Date

APPLICATION CHECKLIST

- _____ **Completed and Signed Application Form.**
- _____ **\$50 Application Fee, check or money order made payable to Eastern Virginia Medical School.** (Note: there is a \$25 service charge for all returned checks).
- _____ **Official Test Scores (within the past five years) from Miller Analogy Test OR General Aptitude Test from the Graduate Record Examination.**
- _____ **Official Transcripts from all academic institutions attended.**
- _____ **Writing Sample (eg. Term paper, research paper).**
- _____ **Three Letters of Recommendation, two of which must be from college or university professors (must be submitted on the recommendation form).**

Return your completed application to:

**Director of Enrollment for Health Professions
Attn: Graduate Art Therapy Program
Eastern Virginia Medical School
Lewis Hall, Suite 1100
700 W. Olney Road
Norfolk, Virginia 23507-1607**

Early application deadline is February 15 for fall entry; however, applications are accepted until student positions are filled. No applicant is accepted without a personal interview and art portfolio presentation. For further assistance please contact us at (757) 446-5895, or ARTthrpv@evms.edu

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<http://www.evms.edu>