



The European Graduate School
EST. 1994

Application Form

Doctoral Program in Expressive Arts

1. Male Female Social Security Number _____
Please use block letters

First Name _____ Surname _____

Correspondence address _____

Postal (zip) code _____ Town _____ Country _____ State _____

Phone no _____ Email address _____

2. Date of Birth (d/m/y) _____ Place of Birth _____

Nationality _____ Social Security Number _____

Profession _____

Present occupation _____ Present position _____

Employer _____

3. How did you learn about the European Graduate School?

Personal recommendation

Research/Search/Google

Website

Facebook

Advertising

Publication

Conference/Symposium



4. Native language _____

Please list other languages you know and indicate degree of proficiency (good, fair):

Language	written	spoken
English	_____	_____
_____	_____	_____
_____	_____	_____

5. For transferring students from another Postgraduate program

If not applicable go directly to item 6.

Name and address of graduate school transferring from

Number of semesters and credits taken _____ *(Please include transcript/testate, etc.)*

6. List all undergraduate and graduate schools attended, starting with the highest level

(Do not list courses outside of school curriculum.)

If item 5 is completed go directly to item 7.

Name and location of school _____

Attendance dates from _____ until _____

Age at completion _____

Diploma, degree, certificate earned _____

Name and location of school _____

Attendance dates from _____ until _____

Age at completion _____

Diploma, degree, certificate earned _____



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Name and location of school _____

Attendance dates from _____ until _____

Age at completion _____

Diploma, degree, certificate earned _____

7. Please include certified copy of the highest certificate or diploma achieved.

Diplomas in languages other than *English, German, French, Italian, Spanish, and the Scandinavian Languages* must be translated by a professional translator or accompanied by an affidavit of a designated local adjunct faculty of EGS.

Name of institution _____ Title _____

8. Admissions interview

- In a course or Individually
- With a faculty member of EGS
- With a representative of EGS

Location _____ Interviewer _____

If you have not had your admission interview, please connect with the Program Director, José Miguel Calderon:
jose.miguel@egs.edu

9. Additional information needed

9.1 Recommendation

- Faculty member of EGS
- EGS Representative
- Other

9.2 Updated resume *please type*

The resume should include the following information about your professional experience:

- Work experience
- Community work, public artistic activity, publications

9.3 Recommendation

Please include at least one letter of recommendation from present or past employer. Should this not apply to you, you can include a recommendation letter of a teacher, mentor or program director.

9.4 Statement of Intention

Please include a two page typed statement of your educational goals and your reasons for studying at EGS.



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10. Application fee of CHF (Swiss Francs) 320.-

The application fee of CHF 320.- needs to be paid directly to the European Graduate School immediately after submitting the application form and documents to the appropriate address mentioned below.

The payment methods are as follows:

1. Bank transfer Raiffeisen Bank Mischabel-Matterhorn, Beim Dorfplatz, CH-3906 Saas-Fee, Switzerland
Swift Code: RAIFCH22496, International Bank Account Number (IBAN): CH7680808003009811251
Clearing Number/Routing Number: 80496

Holder of the Account: EGS European Graduate School Foundation, Seewjinenstrasse 6, 3930 Visp, Switzerland

Please make sure that the full amount due is being received at the EGS bank account. Additional charges for international bank transfers will have to be covered by the sender. Please include your name with the bank transfer.

2. Credit Cards Please note: An administrative service tax of 1% of the due amount will be added to payments with Credit Cards. In order to charge the application fee to your Credit Card fill out the fields below:

Visa MasterCard

Number of Credit Card: _____

Expiration date: _____

11. I certify that the information given on this application is complete and accurate.

Date _____

Signature _____

Make sure you have all required documents/information ready:

- completed application form,
- a copy of the highest certificate or diploma achieved (Point 7),
- completed admission interview (Point 8),
- an updated resume (Point 9.2),
- letter of recommendation(Point 9.3),
- statement of intention (Point 9.4),
- paid application fee (Point 13)

Please send this application form with all necessary documentation by e-mail (is preferred) or mail to:

E-Mail: administration@egs.edu
Tel: +41 79 749 54 87

European Graduate School EGS
Seewjinenstrasse 6, CH-3930 Visp, Switzerland