



**Distance Learning Program Application Form.**

Please Complete the following  
Application Form for the Toronto Art Therapy Institute Graduate Diploma in Art Therapy  
*Accelerated 16 Month Distance Learning Program.*

**NAME**

<input type="text"/>	<input type="text"/>
FIRST	LAST

**DATE OF BIRTH**

<input type="text"/>	<input type="text"/>	<input type="text"/>
YEAR	MONTH	DAY

**HOME ADDRESS**

<input type="text"/>	<input type="text"/>
NO, STREET, APT. RR.	CITY, TOWN, VILL
<input type="text"/>	<input type="text"/>
PROVINCE OR TERRITORY	COUNTRY
<input type="text"/>	<input type="text"/>
	POSTAL CODE

**TELEPHONE**

<input type="text"/>	<input type="text"/>	<input type="text"/>
HOM	CEL	BUSINE

**EMAIL**

<input type="text"/>
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I wish to apply for the **January 20** \_\_\_\_\_ **Program:** Toronto Art Therapy Institute Accelerated 16 Month Distance Learning Program.

**My application consists of the following items:**

**APPLICATION MATERIALS**

**Application Fee:** \$190.00 Canadian (*Non-refundable*) Money Order or Cheque.

**Official Transcript (s)** (*Mailed directly from the Educational Institution to our office*) *Applicants with degrees from international universities may be required to have their degrees evaluated by International Credential Assessment Service of Canada (ICAS) or a similar organization prior to application to TATI.*

**Autobiography** with emphasis on personal life experience rather than educational or occupational information.

**A Written Statement** describing why the applicant wishes to enter training.

**Three letters of reference** (*2 professional and/or educational by persons who have supervised your work; 1 character reference from someone who is not a relative or friend. Must be signed originals.*)

**Your C.V. and A DVD with a portfolio of your artwork.**

**An interview will be scheduled with applicant if application is acceptable.**

**APPLICANTSIGNATURE**

<input type="text"/>
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**DATE**

<input type="text"/>	<input type="text"/>	<input type="text"/>
YEAR	MONTH	DAY