1. Return completed application with a $50 non-refundable application fee to:

   Admissions Office
   Southwestern College
   3960 San Felipe Road
   Santa Fe, NM 87507
   Toll-free (877) 471-5756, ext. 6815

   Although we have rolling admission, there are recommended deadlines
   to allow for financial aid processing:
   Fall quarter admissions: June 1st
   Winter quarter admissions: Oct. 15th
   Spring quarter admissions: January 30th

2. Please submit a typed personal statement describing 1) your professional and academic interests and goals; 2) your personal qualities, including strengths and weaknesses; 3) your life experience that led to your pursuit of a degree in counseling or art therapy/counseling; 4) a brief account of how you have provided service to others; and 5) your experience with the therapeutic process.

3. Provide a current resume listing all previous and present work experience, including dates and brief job descriptions.

4. Ask three people who have been important in your life to submit letters of recommendation using the attached forms. Include a professional, an academic, and a personal reference. If you are unable to obtain an academic reference, you may submit a second professional reference in place of that. Your references must evaluate you in the following areas: academic preparation, communication skills, emotional maturity, creativity and personal integrity. Please have your references note their relationship to you as either professional, academic or personal. Original signatures are required on recommendation letters; faxed signatures are not acceptable. Letters on file at undergraduate institutions are also not acceptable; letters from Southwestern College faculty or students as well as family members are not acceptable.

5. Request each college you attended to send an official transcript of your record to the Admissions Office. We require original records. A summary of credit transferred from institutions attended previously, recorded on the transcript issued by the institution granting your degree, will not suffice. Degree program applicants completing academic work in institutions outside the United States or Canada must obtain an evaluation of academic credentials to supplement transcripts. Information is available from the admissions office.

6. An admissions interview is required for all students seeking admission to degree programs. You may schedule an appointment with the Director of Admissions once you have submitted an application, nonrefundable application fee, a personal statement, current resume, official transcript(s) and three letters of recommendation.

7. The art therapy/counseling program requires that applicants submit an art portfolio of a minimum of 12 to 15 images consisting of a wide variety of personal, original artwork demonstrating proficiency in two or three media and a knowledge base and skill level in other media areas. The art portfolio can be submitted on a CD and will not be returnable to you. Your art portfolio will only be used for the purposes of this application.

8. Please be aware that no part of the application (including art portfolio) will be returned to you during or following the admissions process.

*If you wish to apply for any of our Specialty Certificate Programs:
   - Children’s Mental Health
   - Grief, Loss and Trauma
   - Interpersonal Neurobiology, Somatics and Action Methods
   - Transformational Ecopsychology

   please contact the Director of Admissions for the appropriate application.

NOTE: Transcripts and related admissions records become the property of the College and cannot be copied, returned to the student or sent to another institution.
APPLICATION FOR ADMISSION

Full Name: (please print)

Last     First    Middle

Name on transcript (if different from above)

Mailing Address:

Number & Street        Apt. or Suite

City               State              Zip

Permanent Address:

Number & Street        Apt. or Suite

City               State              Zip

Home Phone Number    Other Phone Number    E-Mail Address

Term and year for which you are applying:

☐ Fall 20___    ☐ Winter 20___    ☐ Spring 20___

Enrollment status:

☐ Full-time    ☐ Part-time

Program to which you are applying:

☐ M.A. Degree, Counseling    ☐ M.A. Degree, Art Therapy/Counseling
☐ College Studies    ☐ Professional Studies

Gender:

☐ Female    ☐ Male    Birth date: _______ / _______ / _______

Social Security Number: _______ - _______ - _______    Citizenship: ________________

Application Fee:

☐ I have enclosed $50 payable to “Southwestern College” for the nonrefundable application fee.

Catalog and/or website: The Southwestern College catalog contains important admissions and program information, and must be read prior to application submission.

Please indicate you have done so by initialing here: _______.

I understand that my application (and art portfolio) will not be returned to me: _______. (initials)
**Education:**
List in chronological order all colleges or universities you have attended. Please have these institutions submit official transcripts directly to Southwestern College.

<table>
<thead>
<tr>
<th>College/University</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree/Major Field</th>
</tr>
</thead>
<tbody>
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</table>

**References:**
Please have three letters of recommendation sent to Southwestern College. List your references below:

Name of Professional Reference
________________________________________
Address: ___________________________ Phone Number: _______________________

Name of Personal Reference
________________________________________
Address: ___________________________ Phone Number: _______________________

Name of Academic Reference
________________________________________
Address: ___________________________ Phone Number: _______________________

**Therapy Requirement:**
I understand that during my M.A. program I will complete 40 face-to-face sessions of personal therapy with a licensed professional.

☐ Yes ☐ No

**Photo/Video Release:**
Southwestern College sometimes photographs or videotapes classes for use in promotional or educational materials. Please indicate below if you are willing to be photographed or videotaped for these purposes.

☐ I do ☐ I do not
give permission to be photographed or videotaped at Southwestern College for use in educational or promotional materials.

**Financial Aid Information:**
Are you applying for financial aid? ☐ Yes ☐ No
Have you received a financial aid packet? ☐ Yes ☐ No

I certify that the information on this application is complete and accurate as of the date submitted. I understand that any misrepresentation may be cause for rejection or subsequent dismissal from Southwestern College.

________________________________________
Signature of Applicant

________________________________________
Date
STUDENT INFORMATION SHEET

We would appreciate your cooperation in completing this form. This information is used to give us a profile of Southwestern College students and to provide statistical data for grant funding. Your admission to Southwestern College will not be affected if you choose not to answer all of the questions.

Name: ________________________________________________________________

1. Do you have a graduate-level degree from another institution? □ No □ Yes
   □ M.A. □ M.S. □ M.S.W.
   □ Ph.D. □ Ed.D. □ M.D. □ Other (indicate): _________________________

2. How did you first hear about Southwestern College?
   □ Alumni
   □ Faculty/Staff
   □ SWC website
   □ Phone Book
   □ Newspaper or Magazine (specify): __________________________________________
   □ Personal Contact
   □ Internet
   □ American Art Therapy Association (AATA) website
   □ Southwestern College Brochure or Catalog
   □ College Directory (specify): __________________________________________
   □ Other (specify): _______________________________________________________

3. Section on reporting ethnicity: (based on Federal government guidelines. Please answer both sections A and B)
   A. What is your ethnicity?
      □ Hispanic or Latino
      □ Not Hispanic or Latino
   B. What is your race?
      □ American Indian or Alaska Native
      □ Asian
      □ Black or African American
      □ Native Hawaiian or Other Pacific Islander
      □ White or Caucasian (origins in Europe or the Middle East)
      □ Race and Ethnicity unknown
      □ Other (specify): ______________________________________________________
CONFIDENTIAL RECOMMENDATION

Section I – to be completed by the applicant:

I am applying to … [] M.A., Art Therapy/Counseling  [] M.A., Counseling

☐ I waive my right to examine this letter of recommendation.
☐ I do not waive my right to examine this letter of recommendation.

Applicant’s Signature _______________________________________________ Date ________________

Please Print Applicant Name __________________________________________

(Note To Respondent: Pursuant to the Family Educational Rights and Privacy Act of 1974, this letter of recommendation may be shown to the applicant if the right to examine it has not been waived.)

Section II – to be completed by the recommending respondent:

1. Relationship to applicant:  [] Professional  [] Academic  [] Personal

2. For how long and in what capacity have you known the applicant? __________________________________________________

______________________________________________________________________________________________________________

Name of Reference _______________________________________ Position/Title____________________________________

Email Address: ____________________________________________________

Phone _______________________________ Alternate Phone __________________________________

Signature of Reference _______________________________________    Date _____________________

3. Please complete the rating scale below by placing a check mark (✔) in the appropriate box to the right of each attribute.

ATTRIBUTE:

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<tr>
<th></th>
<th>No Basis</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
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<tr>
<td>A. Academic ability</td>
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<td>F. Ethical responsibility</td>
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4. To assist us in evaluating the applicant’s suitability for the program at Southwestern College, please print or type a statement giving your evaluation of the applicant in the areas of academic preparation, communication skills, emotional maturity, creativity, personal integrity and any other areas that may be important.

When complete, please return this form and your statement to:
Southwestern College, Attn: Admissions Office
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Phone _______________________________ Alternate Phone __________________________________

Signature of Reference _______________________________________ Date _____________________

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Section II – to be completed by the recommending respondent:

1. Relationship to applicant: ☐ Professional ☐ Academic ☐ Personal

2. For how long and in what capacity have you known the applicant? __________________________________________________
______________________________________________________________________________________________________________

Name of Reference _______________________________________ Position/Title________________________

Email Address: ____________________________________________________

Phone _______________________________ Alternate Phone __________________________________

Signature of Reference _______________________________________ Date _____________________

3. Please complete the rating scale below by placing a check mark (✔) in the appropriate box to the right of each attribute.

ATTRIBUTE: No Basis Below Average Above Average Outstanding

A. Academic ability
B. Verbal communication skills
C. Written communication skills
D. Professional competence
E. Emotional maturity
F. Ethical responsibility

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