



Application for Graduate Art Therapy Internship

Name: _____

Address: _____

Email: _____

Telephone: _____

Academic Major: _____

Graduate Institution: _____ Anticipated Graduation Date: _____

Undergraduate Degree: _____ Graduation Date: _____

Internship Track: Fall and Winter Term

Have you previously applied for an internship at Michigan Medicine? _____

If yes, please indicate semester, year and location: _____

Site interest: C.S. Mott Children's Hospital Pediatric Rehabilitation Center

Graduate University Contact Information

Institution name: _____

Address: _____

Graduate Program Director name: _____

Telephone: _____

Thank you for your interest in the Art Therapy internship at Michigan Medicine in Pediatrics. To apply, please submit the following materials:

- Completed application form
- Cover letter and résumé
- Electronic examples of personal artwork consisting of 3-5 pieces to show diversity of materials and media. Please submit these in JPEG format.

All application components must be emailed to cflarttherapy@med.umich.edu

You will be contacted via email regarding next steps once all materials have been received.

Signature: _____ Date: _____