



**Application for Graduate Art Therapy Internship  
C.S. Mott Children's Hospital and Pediatric Rehabilitation Center**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Academic Major: \_\_\_\_\_

Graduate Track:  Art Therapy       Art Therapy & Counseling

Graduate Institution: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Internship Track: Winter Term**

Have you previously applied for an internship at Michigan Medicine? \_\_\_\_\_

If yes, please indicate semester, year and location: \_\_\_\_\_

**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](mailto:cflarttherapy@med.umich.edu) by Oct. 1**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_