

PLAY THERAPY APPLICATION

For Current Students

Instructions: Fill out this form and submit it to the Integrated Student Services office, either on campus or

via email at studentservices.aus@antioch.edu . If you require additional space, you may use the back of the form or attach additional pages.			
Student Nar	me:	Student ID#:	Email:
Current Program:			
1. Wh	y do you want to be a play therapist?		
2. Wh	at do you hope to gain from the prog	ram?	
3. Are	you committing to the full certificate	e program or just Intro to Play Clas	s?
4. Wh	at is your current level of education of	or License held?	