



Wisconsin's Public Liberal Arts College

MASTER OF ARTS
Visual Arts – Art Education

PROGRAM PLAN

OFFICE OF GRADUATE STUDIES
McCaskill 102
Belknap and Catlin, PO Box 2000
Superior, WI 54880
www.uwsuper.edu/graduate

This Program Plan outlined on the back of this page represents the course of studies which the student intends to follow to completion of the desired certificate and/or degree. Completed in consultation with the student's advisor, this program must be submitted by the end of the first semester of coursework to the Office of Graduate Studies. This approved program will serve as a guide in the final determination of completion of requirements and the awarding of the degree. If the Program Plan specified on this form needs to be modified, it is the responsibility of the student, with the advisor's guidance, to make necessary modifications and submit approved updates to the Office of Graduate Studies.

Student Name: _____ SID # _____

Phones: (h) _____ (w) _____ (c) _____

Emails: (h) _____ (w) _____

Home Address: _____

Workplace Address: _____

Anticipated Graduation Date: _____

ART THERAPY PROGRAM PLANNING GUIDE -- MASTER OF ARTS DEGREE

This form must be signed by student, advisor, and submitted to the Graduate Studies Office before beginning second semester coursework.

Ultimate responsibility for compliance with all university requirements rests with the student. Students must familiarize themselves with policies, requirements, and regulations outlined in the catalog. Students are expected to access the UW-Superior email system, as it is an official communication tool for University business

PREREQUISITES:

Must be completed within 12 months of entry (if accepted into the program and not already completed)

Psychology (12 semester credits):

_____ credits
 _____ credits
 _____ credits
 _____ credits
 _____ credits

Studio Art (18 semester credits):

_____ credits
 _____ credits
 _____ credits
 _____ credits
 _____ credits
 _____ credits

Portfolio: _____

ART THERAPY PROGRAM

Art Therapy:

	Semester
Art Therapy Fundamentals	3 credits _____
Psychology of Art	3 credits _____
Development of Creative Functioning.....	3 credits _____
Art Therapy Seminar	3 credits _____
Art Therapy Techniques	3 credits _____
Expressive Arts for Change	3 credits _____
Multi-Modal Art Therapy.....	3 credits _____
Research in Art Therapy	3 credits _____
Art 790 Graduate Art Seminar.....	2 credits _____

26 credits

Art Electives- On Advisement Only:

6 Credits from Ecopsychology, Expressive Arts, Studio

Semester

_____ 3 credits _____
 _____ 3 credits _____ **6 credits**

Related Electives - On Advisement Only:

6 credits from Ecopsychology, Counseling

_____ 3 credits _____
 _____ 3 credits _____ **6 credits**

Art Therapy Practicum: (700 hours , 7 credits):

Art 698 Art Therapy Practicum (1 cr, 100 Hours, first semester).....1 credit _____
 Art 798 Art Therapy Practicum (7 cr, 700 Hours, over 3 semesters).....2 credits _____
 _____ 2 credits _____
 _____ 2 credits _____ **7 credits**

Master's Paper/Project:

Art 799 Terminal Project.....3 credits _____ **3 credits**
 Culminating Project including a Masters Paper and approved Arts-Based Research.
 Committee of two required. Three approved bound copies required and submitted
 to the Grad Office: Department (one) and Library (two)

Total 48 credits

I, _____, have planned this program in agreement with my advisor. I understand some requirements may change as the national standards change even before I have completed my degree, and it may be in my best interest to follow newer guidelines. I understand that future Art Therapy Registration and Board-Certification is taken into consideration while planning this program, but completing this program does not guarantee that I will become a Registered Art Therapist (ATR) or Board-Certified as this occurs after and beyond the scope of any Graduate Program and ultimately is my own responsibility.

Student Signature: _____ **Date:** _____
Advisor Signature: _____ **Date:** _____