



**MASTER OF ARTS**  
**Visual Arts – Art Therapy**

PROGRAM PLAN

OFFICE OF GRADUATE STUDIES  
McCaskill 102  
Belknap and Catlin, PO Box 2000  
Superior, WI 54880  
[www.uwsuper.edu/graduate](http://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:**

	<b>Semester</b>
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:** \_\_\_\_\_