

# APPLICATION FOR UNDERGRADUATE ADMISSION

## DEGREE COMPLETION PROGRAM Bachelor of Arts – Leadership and Management

\$35 application fee required.

### PERSONAL DATA

**HARDING**  
UNIVERSITY  
ADMISSIONS OFFICE  
H.U. 12255, SEARCY, AR 72149-0001  
www.harding.edu/dcp

Use all capital letters to print your last and first names and middle initial (in that order) in the blocks below. Print only one letter per block and leave one blank between names.

Last Name	First Name	Initial	Preferred Name
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Maiden Name	Home Phone (Area Code and Number)
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Address (Street, Rural Route, P.O. Box)	Work Phone (Area Code and Number)
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City and State	ZIP Code	Cell Phone (Area Code and Number)
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Social Security Number	E-Mail Address (if available)
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Birth Date (Mo., Day, Yr.)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Religious Preference \_\_\_\_\_ Member? \_\_\_\_\_ Which congregation? \_\_\_\_\_

1. Have you been convicted of a criminal offense other than minor traffic violations?  Yes (attach explanation)  No
2. Have you, for any reason, been suspended or dismissed from an academic institution?  Yes (attach explanation)  No
3. Are you a U.S. citizen?  Yes  No
4. Ethnic Origin (for statistical purposes only):  American Indian  African-American  Caucasian American  Mexican American  
 Oriental American  Hispanic  Other American  Foreign National

This information will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

5. Are you a veteran?  Yes  No
6. Do you expect to receive VA benefits?  Yes  No

### EDUCATIONAL DATA

Have you ever attended Harding?  Yes  No

If so, when was the last date you were enrolled at Harding? \_\_\_\_\_

Are you presently applying, or do you plan to apply, to any other college(s)? \_\_\_\_\_

If so, where? \_\_\_\_\_

List the school(s) you have attended (or are attending).

School or College	Location	Dates Attended	Degrees or Diplomas

Proposed enrollment date	<input type="checkbox"/> Fall 20_____
	<input type="checkbox"/> Spring 20_____
	<input type="checkbox"/> Summer 20_____

### EMPLOYER DATA

Employer Name \_\_\_\_\_

Employer Address (Number, Street, City, State, ZIP) \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Will your employer be funding your Harding education?  Yes  No

Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_

Have other members of your immediate family attended Harding?  Yes  No

If yes, who? \_\_\_\_\_ What relationship? \_\_\_\_\_

To the best of my knowledge, the foregoing is correct and complete. Furthermore, as a Harding student, I agree to abide by all rules, regulations and requirements of the University, including financial matters. I also agree that any credit balance on my account in the Business Office may be applied to other debts to the University. I understand that amounts received from aid awards will be credited to my school account. If a credit balance results, I authorize Harding University to hold my credit until I make written request for it.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR YOUR INFORMATION:  
Harding's CLEP code is 6267.  
Financial Aid Title IV code is 001097.

Harding University does not discriminate on the basis of race, color, creed, religion, sex, marital status, age, disability, national or ethnic origin or receipt of public assistance in its educational programs, activities or employment to the extent required by law, except where necessitated by religious tenets held by the institution and its controlling body.

ADMISSIONS PROGRESS (Do Not Write In This Box)	READMISSIONS PROGRESS (OFFICE USE ONLY: Registrar)
<input type="checkbox"/> App Fee \$ _____ Pd ____ / ____ / ____ <input type="checkbox"/> College Transcript <input type="checkbox"/> College Transcript (2nd) <input type="checkbox"/> Recommendation <input type="checkbox"/> Health Form	<input type="checkbox"/> Approved by Office of Student Services _____ <input type="checkbox"/> Hours completed as of _____ <input type="checkbox"/> GPA as of _____ <input type="checkbox"/> Approved by VP for Academic Affairs _____ <input type="checkbox"/> Status _____ <input type="checkbox"/> Status: Other _____ <input type="checkbox"/> Approved by Business Office _____

## TRANSCRIPT REQUEST FORM

Please send an official copy of my college transcripts, as well as a copy of my immunization record, if available, to the following address:

**HARDING**  
U N I V E R S I T Y

A D M I S S I O N S O F F I C E  
H.U. 12255, SEARCY, AR 72149-0001  
[www.harding.edu](http://www.harding.edu)

Thank you very much.

\_\_\_\_\_  
signature

\_\_\_\_\_  
social security number

\_\_\_\_\_  
date

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✂ cut line

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date