

# HARDING

U N I V E R S I T Y

## APPLICATION FOR ADMISSION TO TEACHER EDUCATION PROGRAM

Name \_\_\_\_\_ Preferred \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Classification \_\_\_\_\_

Harding ID# \_\_\_\_\_ E-Mail \_\_\_\_\_

University P.O. Box No. \_\_\_\_\_ Local Telephone \_\_\_\_\_

Local Address \_\_\_\_\_  
Street or P.O. Box No. City State Zip

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

List all areas for which you are certifying \_\_\_\_\_

Faculty Academic Advisor \_\_\_\_\_

Give the names of four teachers at Harding University with whom you have had classes. One recommendation must come from the department chair (or his designee) of your major. If you are a transfer this semester, please list four of your teachers from the college you last attended and mail the recommendation forms to them enclosing a stamped, return envelope with each one.

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Teacher Education Program  
Thornton Education Center 130  
P.O. Box 12254  
Searcy, AR 72149-2254  
Telephone: (501) 279-4050