



GRADUATE STUDIES
IN EDUCATION
APPLICATION FOR ADMISSION

OFFICE USE ONLY

MASTER OF EDUCATION (MED)
MASTER OF SCIENCE IN EDUCATION (MSE)
NOT SEEKING A DEGREE (NSD)

H#: \_\_\_\_\_

CODE DATE

DATE: \_\_\_\_\_

SEMESTER
TO ENROLL: \_\_\_\_\_

NAME: \_\_\_\_\_ ( \_\_\_\_\_ )
FIRST MIDDLE LAST MAIDEN

ADDRESS: \_\_\_\_\_
STREET OR POST OFFICE BOX CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL (HOME): \_\_\_\_\_ (OTHER): \_\_\_\_\_

SCHOOL / EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - - CHURCH AFFILIATION: \_\_\_\_\_

Are you Hispanic or Latino? (This includes anyone of Spanish culture or origin): YES \_\_\_\_\_ NO \_\_\_\_\_

- Select any/all of the following racial groups that apply to you:
American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or other Pacific Islander
White
U.S. Citizen: YES \_\_\_\_\_ NO \_\_\_\_\_
Gender: Male Female
Marital Status: Single Married
Are you a veteran: YES \_\_\_\_\_ NO \_\_\_\_\_

Preferred Location: Rogers Memphis North Little Rock Searcy

Are you applying for the Arkansas NTL (Nontraditional Licensure) program? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you taking prerequisites for Master of Arts in Teaching with Licensure program? YES \_\_\_\_\_ NO \_\_\_\_\_

If you are seeking an endorsement with this application, please choose which one you prefer:

- Reading Specialist (P-12)
Teaching English as a Second Language
Dyslexia Therapist (Reading)
Dyslexia Therapist (Special Education)
Special Education (K-12)
Special Education K-6 & 7-12 Resource Licensure
Early Childhood/Special Education Integrated B-K
Gifted & Talented

With this application, will you seek a graduate degree at Harding? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which degree will you seek?

- Master of Science in Education (for those who have not licensed to teach and will not seek licensure)

Emphasis Area: \_\_\_\_\_

- Master of Education (for those who have licensed to teach or will seek licensure)

Check Area of Study for Master of Education:

- Advanced Studies in Teaching and Learning
Elementary Education
Reading
Secondary Education:

Emphasis Area: \_\_\_\_\_

- Special Education (K-12)

Do you plan to transfer graduate credits to Harding? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please provide name of school: \_\_\_\_\_

<u>Earned Degree(s)</u> (Circle degree; fill in major)	<u>College/University</u>	<u>Graduation Date</u>
BA or BS - _____	_____	_____
MA or MS - _____	_____	_____

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**PROFESSIONAL OR ACADEMIC RECOMMENDATIONS**

I, the applicant, will request letters of recommendation from three individuals who will address my potential for success in the selected graduate program as well as address my professional and academic background. I will request the letters be sent to the address or e-mail listed below.

**TRANSCRIPTS**

I, the applicant, must request the INSTITUTIONS where all previous college work has been done to forward one official copy of transcript of credits to Harding University's Graduate Studies in Education Office (Harding graduates need not supply a transcript).

**TEST SCORES**

Applicants must provide one of the following:

- Praxis II\*       GRE\*       MAT\*       a copy of their current teaching license

***\*OR**, the applicant must submit a passing test score for one of these tests during their first graduate semester.*

**IMMUNIZATION**

To comply with state law, Harding requires all college students who were born after 1/1/57 to provide proof of immunity against measles, mumps, and rubella (MMR).

**REGULATIONS**

If approved for admission, I agree to abide by the regulations and requirements of Harding University.

**APPLICATION FEE**

Applications must be accompanied by a \$40.00 non-refundable application fee. Make checks payable to Harding University.

Office Use Only: \_\_\_\_\_

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All information disclosed on this application is voluntary and will be used in a non-discriminatory manner, consistent with applicable civil rights laws.

**I read, understand, and agree to the stated policies and procedures set forth in the Harding University Graduate Catalog and the Graduate Studies in Education Code of Conduct.**

Signature of Graduate Candidate: \_\_\_\_\_

**Return to:**  
Chair of Graduate Studies in Education  
Harding University  
Box 12261  
Searcy, AR 72149-5615  
  
Phone: 501-279-4315  
Fax: 501-279-4083  
E-mail: [gradstudiesedu@harding.edu](mailto:gradstudiesedu@harding.edu)

**FOR OFFICE USE ONLY**  
Date Admitted: \_\_\_\_\_  
Admission: Unconditional \_\_\_\_\_ Provisional \_\_\_\_\_  
List deficiencies if provisional admission:  
\_\_\_\_\_  
Approved by: \_\_\_\_\_

# HARDING UNIVERSITY GRADUATE STUDIES IN EDUCATION

## CODE OF CONDUCT

In addition to the promotion of scholarly pursuits, Harding University endeavors to instill within each student a deeper spiritual quality that, coupled with academic growth, enables the student to build a happy and useful life. Harding provides a Christian environment in which spiritual growth is central. All members of Harding's administration and faculty are dedicated to building Christian character and responsibility within each student.

Harding University is built with Christ as its chief cornerstone. It provides a setting in which Christian training and participation are encouraged.

Enrollment at the University is viewed as a privilege that brings the attendant responsibilities and accountability. Students are encouraged to develop a servant-leadership-ministry lifestyle that integrates faith, learning and living.

College of Education Graduate students acknowledge and agree to uphold Christian principles for which Harding stands. Harding University reserves the right to refuse admission to or dismiss a student whose lifestyle is not consistent with the Christian principles for which Harding stands and when the general welfare of the institution requires such action. A standard form is provided as part of the registration process and must be signed by each individual student wishing to enroll in the College of Education graduate program confirming their commitment to uphold the policies and procedures of this Code of Conduct.

While attending classes and events at Harding's Searcy campus or at one of the satellite locations, students must comply with Harding University's policies concerning conduct. This includes items such as:

- Illegal drugs, tobacco, and alcohol in any form are prohibited
- Modest dress is required
- Inappropriate language is prohibited
- Gambling and wagering are prohibited
- Firearms or weapons of any kind are prohibited
- Sexual immorality including pornographic materials are prohibited
- Christian principles should be respected by all students

If both undergraduate and graduate students are jointly involved in a violation of an undergraduate code of conduct (see online copy of undergraduate student handbook), then all students will be disciplined according to the undergraduate code of conduct.

### Code of Conduct Disciplinary Procedures

When it appears a rule of conduct or procedure has been broken, the Chair of the Graduate Studies in Education program will conduct an investigation concerning the allegation. The following steps will be followed:

1. If possible, the issue will be resolved with the Chair of Graduate Studies in Education and the student.
2. If not resolved between the Chair of Graduate Studies in Education and the student an appeal is presented to the Graduate Council for their review and recommendation concerning the alleged code of conduct or procedural violation.
3. A request for this appeal must be made in writing to the Chair of Graduate Studies in Education within 24 hours after the attempted resolution by the Chair of Graduate Studies in Education and the student.
4. A Graduate Council meeting will be scheduled as soon as possible to address the appeal. This meeting will be conducted in a fair and reasonable manner according to the following guidelines:
  - a. All witnesses shall be required to affirm the truth of their testimony.
  - b. Presentation of evidence and agenda of meeting:
    1. Evidence that supports the charge against the student or organization
    2. Evidence of innocence or mitigation by the accused
    3. Rebuttal evidence by both parties
    4. Closing statements by both parties
  - c. Both parties shall have reasonable opportunity for cross-examination of witnesses.
  - d. The appeal will be open to:
    1. The appealing party
    2. Members of the Graduate Council
    3. Witnesses with relevant evidence to present – limited to two eye witnesses for each side
    4. Legal counsel, parents or guardians will not be permitted to appear before the Graduate Council.

Disciplinary sanction can range from a written or verbal reprimand to suspension or expulsion from the Graduate Studies in Education program.

Questions relating to the Graduate Studies in Education program's Code of Conduct should be referred to the Chair of Graduate Studies in Education.

# HARDING UNIVERSITY

**Either a copy of your immunization record---OR---this completed form must be submitted**

## HARDING UNIVERSITY CERTIFICATE OF IMMUNIZATION

**Please return form to: Graduate Studies, Harding University Box 12261, Searcy, AR 72149-5615**

To comply with state law, Harding requires all college students who were born after 1/1/1957 to provide proof of immunity against measles and rubella.

NAME OF STUDENT \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**If you were born after 1/1/1957 you must:**

- 1) Attach an official immunization record from another educational institution in Arkansas (high school or college).\*  
-OR-
- 2) Attach an immunization certificate signed by a licensed medical doctor or an authorized public health department representative.\*  
-OR-
- 3) Have Section A or B below completed and signed.

**A. DECLARATION**

Since 1987, when there were several measles outbreaks in the United States, it has been highly recommended by the Center for Disease Control, and is now required by Harding University that two doses of rubeola and rubella be given.

I hereby certify that the person named above

- 1) has received 2 MMR vaccines\* on \_\_\_\_\_ and \_\_\_\_\_  
Mo/Day/Year Mo/Day/Year
- 2) has received 2 measles vaccines\* on \_\_\_\_\_ and \_\_\_\_\_  
has received 2 rubella vaccines\* on \_\_\_\_\_ and \_\_\_\_\_

**B. I hereby certify that the person named above has acceptable medical waivers for either or both vaccines checked below:**

**Check if  
Applicable**

**CONDITION\*\***

- |   |                 |
|---|-----------------|
| 1) A history of disease as confirmed by a positive laboratory test  | (Measles) _____ |
|   | (Rubella) _____ |
| 2) Immune deficiency disease (i.e. combined immunodeficiency, agammaglobulinemia<br>Or Hypogammaglobulinemia of any class.)   | _____           |
| 3) A family history of immune deficiency disease (see 1 above) unless immune deficiency<br>has been ruled out in that person. | _____           |
| 4) Depressed immune system due to   | _____           |
| a. Generalized malignancy, leukemia or lymphoma currently or in the past. ***   | _____           |
| b. Treatment with corticosteroids, alkylating drugs, anti-metabolites, or radiation   | _____           |
| 5) Pregnancy  | _____           |
| 6) Receipt of immune globulin injections in the previous 3 months —   | _____           |
| a. (Vaccine should be given after 3 months have elapsed.)   | _____           |
| 7) A history of severe systematic allergic reaction **** after exposure to neomycin.  | _____           |
| 8) For measles, a history of severe systematic allergic reaction**** after ingestion of eggs.                                 | _____           |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Licensed Medical Doctor or Public Health Official)

Name of Signee: \_\_\_\_\_ (Type or Print) Phone \_\_\_\_\_

Address of Signee: \_\_\_\_\_

\*Measles and rubella vaccines must have been received after the first birthday and after 1/1/1968.

\*\* Medical exemptions for conditions not listed may not be allowed unless approved by the Arkansas Department of Health. Physicians must contact: Arkansas Department of Health, Immunization Program, 4815 West Markham St, Little Rock, AR 72205. (501) 661-2169

\*\*\*Physicians are encouraged to test the immune function of those thought to be "cured," if the immune function is adequate, immunization is encouraged.  
\*\*\*\*"Severe systematic allergic reaction" means a reaction involving at least one of the following symptoms: urticarial rash, swelling of the mouth and throat, difficulty breathing, hypotension, shock.