

***HARDING UNIVERSITY***  
***GRADUATE STUDIES IN EDUCATION***

**EDUCATIONAL LEADERSHIP PROGRAM CHECKLIST**

1. \_\_\_\_\_ signed application
2. \_\_\_\_\_ \$40.00 application fee
3. \_\_\_\_\_ official transcripts showing all college work sent from the university to the Graduate Office
4. \_\_\_\_\_ documentation of your last two years of teaching experience (**Note: To be eligible for licensure upon completion of program, students must have 3 years of actual teaching experience at that level, 4 years experience total.**)
5. \_\_\_\_\_ copy of current teaching license
6. \_\_\_\_\_ documentation of your principal's support for your participation in the program
7. \_\_\_\_\_ names and addresses of three people who know of your professional abilities
8. \_\_\_\_\_ immunization records

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Applicant Name

- \* **Note:** Educational Leadership class schedules (flyers) can be found on our website:  
[www.harding.edu/education](http://www.harding.edu/education)  
Click on Graduate Programs  
Click on Master of Education in Educational Leadership
- \* **Note:** Please send us any items that do not have a check mark beside them.





# 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.

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

## HARDING UNIVERSITY CERTIFICATE OF IMMUNIZATION

Please return form to: Admissions Office, Harding University Box 12261, Searcy, AR 72149

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 \_\_\_\_\_

EDUCATIONAL INSTITUTION (Name) \_\_\_\_\_ (City) \_\_\_\_\_

### 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:

- | CONDITION**  | <b>Check if<br/>Applicable</b>     |
|--|------------------------------------|
| 1) A history of disease as confirmed by a positive laboratory test   | (Measles) _____<br>(Rubella) _____ |
| 2) Immune deficiency disease (i.e. combined immunodeficiency, agammaglobulinemia or Hypogammaglobulinemia of any class.)     | _____                              |
| 3) A family history of immune deficiency disease (see 1 above) unless immune deficiency 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.<br>(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.

**HARDING UNIVERSITY**  
**GRADUATE STUDIES IN EDUCATION**  
***Educators Scholarship Application***

This form must be completed each school year.

I, \_\_\_\_\_, am applying for the Educators Scholarship for graduate classes. I am currently employed with the \_\_\_\_\_ school district for the \_\_\_\_\_ - \_\_\_\_\_ school year. **I will attach either verification of current employment from my school on school letterhead or a copy of my current contract when I return this form.**

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Home Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_

**School Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_

**Home Phone** \_\_\_\_\_

**School Phone** \_\_\_\_\_

**Return this form and verification to:**

Chair of Graduate Studies in Education  
Harding University  
Box 12261  
Searcy, AR 72149-2261  
Fax: 501-279-4083

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date