2011

M.B.A. ADMISSIONS PACKET

GLOBAL | FLEXIBLE | INNOVATIVE | AFFORDABLE

Harding University

If you have any questions, please feel free to contact the M.B.A. office at 501-279-5851 or e-mail us at mba@harding.edu

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APPLICATION PROCESS

Entrance into the masters-level graduate business program at Harding University is selective. The Admissions Committee seeks to admit the best-qualified individuals from a large applicant pool.

We seek candidates who are academically strong and who will not only benefit from, but also contribute to, the program. Undergraduate study in business is not required for admission. Additionally, work experience is not required for admission to the program but will strengthen most applications.

In reviewing students for admission, a variety of criteria are considered. These criteria are used to determine the candidates demonstrated or potential abilities as student, manager and leader. While not inclusive, these are some of the indicators examined by the Admissions Committee: past academic performance, general intellectual ability, demonstrated ability to assume responsibility and achieve measurable results, personal statements made by the applicant (including goals, challenges and experiences), interpersonal and communication skills, and two letters of recommendation.

The M.B.A. office staff is committed to providing you any information or direction you may need to complete this process. This admissions packet includes:

- Admissions Application (1)
- Immunization Form (1)
- Recommendation Form (2)
- Essay Requirements (1)
- Code of Conduct (1)

To be considered for admission you must submit the following items to the M.B.A. office:

1. Admissions Application
2. Non-refundable application fee ($35)
3. Official academic transcript
4. Recommendations (professional or academic)
5. Current Resume
6. Required Essays (3)
7. Immunization Form/Records

These items must be submitted to:
Harding University
Master of Business Administration Program
HU Box 10774
Searcy, AR 72149-0774

Applicants should allow 2 weeks for acceptance notification. Upon notification of acceptance, you may contact the M.B.A. office to set up an advising session with a Graduate Advisor.

CODE OF CONDUCT

Harding expects its students to conduct themselves as responsible citizens with an understanding and philosophy of life consistent with Christian ideals. In addition to the promotion of scholarly pursuits, Harding University endeavors to instill within each student a deeper spiritual quality. All members of Harding's administration and faculty are dedicated to building Christian character and responsibility within each student.

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. Students are expected to pursue honesty and integrity, avoiding all forms of dishonesty.

While attending classes and events at Harding's Searcy campus, students must comply with Harding University's policies concerning conduct. This includes the following specific items:

- Harding is a drug-tobacco-alcohol-free campus
- Modest dress is required
- Inappropriate language is prohibited
- No firearms or weapons are allowed on campus
- Sexual immorality, including pornographic materials, are prohibited
- Christian principles should be respected by all students

Upon registration to Harding University, M.B.A. students acknowledge and agree to uphold Christian principles for which Harding stands. Harding University reserves the right to refuse admission or dismiss students 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 and signed by each individual student in the M.B.A. program upon entry into the program concerning his/her commitment to uphold these principles.

Please retain for personal reference

Mission of the College of Business Administration

The mission of the College of Business Administration is to prepare Christian business professionals for lives of service.

With the mission as our focus, the M.B.A. Program strives to achieve the following program outcomes:

Students will demonstrate effective management knowledge and skills in Christian business ethics.

Students will demonstrate effective management knowledge and skills in critical-thinking process.

Students will demonstrate effective management knowledge and skills in problem solving techniques.

Students will demonstrate effective management knowledge and skills in communication

CODE OF CONDUCT
Disciplinary Procedures

**as stated on page 13 of the Graduate Catalog*

When it appears a rule of conduct or procedure has been broken, the Director of the Master of Business Administration program will conduct an investigation concerning the allegation.

1. If possible, the issue will be resolved with the Director of the program and the student.
2. If not resolved between the Director of the program and the student, an appeal is presented to the Graduate Appeals Committee for their review and recommendation concerning the alleged code of conduct violation.
3. The appeal must be made to the Graduate Appeals Committee within 24 hours after the attempted resolution by the Director of the program and the student.
4. The appeal shall be conducted in a fair and reasonable manner.
5. All witnesses shall be required to affirm the truth of their testimonies.
6. Presentation of evidence shall be as follows:
   a. Evidence that supports the charge against the student or organization
   b. Evidence of innocence or mitigation by the accused
   c. Rebuttal evidence by both parties
   d. Closing statements by both parties
7. Both parties shall have reasonable opportunity for cross-examination of witnesses.
8. The appeals will be open to the appealing party, representatives of the Graduate Appeal Committee and witnesses with relevant evidence to present. Only two eye witnesses from each side may present their case, and neither legal counsel, guardian nor parents of the accused shall be permitted to appear before this committee.

Disciplinary sanction can range from a written or verbal reprimand, suspension, and expulsion from the Master of Business Administration program.

Questions in regard to code of conduct for the Master of Business Administration program should be referred to the Director of the program.

Please retain for personal reference

Master of Business Administration Application for Admission

Please Print Clearly or Type

Requesting Admission for: □Fall □Spring □Summer Year:_____

Primary campus: □Searcy □North Little Rock □Online

PERSONAL INFORMATION:

Name_____Preferred Name_____

Date of Birth_____Social Security Number_____

Mailing Address_____City/State/Zip_____

Cell phone (_____)_____E-Mail Address:_____

Church Preference _____

CITIZENSHIP STATUS:

□U.S. Citizen □Nonresident Alien □Resident Alien □I-20 Visa Required

If you have a visa, indicate current status code:_____Native Language:_____
(Additional procedures are required for admission of nonresident alien students)

EDUCATION (List most recent first)

Name of Institution	Degree/Certificate	Year Rcvd.	GPA/Major

In your opinion, do your college grades accurately reflect your abilities? □Yes □No
If "No", please explain on separate sheet of paper.

REFERENCES (Please provide your selected names of reference/recommendations)

Name and Address **Position/Title & Organization**

1._____

2._____

PROFESSIONAL EXPERIENCE (Attach current resume)

Please assess your proficiency in the following functional areas:

	STRONG	NORMAL	SOME	LITTLE	NONE
Accounting/Finance	□	□	□	□	
Production	□	□	□	□	
Marketing	□	□	□	□	
Managerial Economics	□	□	□	□	
Quantitative Skills	□	□	□	□	
Human Resources	□	□	□	□	
Operations Mgt	□	□	□	□	
Computer Skills	□	□	□	□	
Spreadsheets	□	□	□	□	
Presentation	□	□	□	□	
Data Base	□	□	□	□	
Word Processing	□	□	□	□	

Have you ever been convicted of a criminal offense other than a minor traffic violation? □ No □ Yes (attach explanation)

PROFESSIONAL INFORMATION YOU WANT US TO CONSIDER

Professional Licenses that you hold: _____

Business, professional and social organizations in which you have been active: _____

_____

_____

HOW DID YOU FIND OUT ABOUT OUR PROGRAM?

□ Internet Search □ Direct Mail □ Advertisement □ Business Journal
□ Referral:_____ □ Other:_____

ETHNICITY INFORMATION

The following information is not a requirement for acceptance into the MBA Program. It is used by our University for statistical purposes only. We appreciate your cooperation with this information.

Are you Hispanic or Latino? □ Yes □ No

Select any/all of the following racial groups that apply to you:

□ American Indian/Alaska Native □ Asian/Pacific Islander □ White
□ Black, non-Hispanic □ Native Hawaiian or other Pacific Islander

EMERGENCY CONTACT

Name:_____

Address:_____

Cell Phone: _____Business Phone: _____

APPLICANT'S AGREEMENT

In submitting this application, I agree to be bound by all policies, procedures, and code of conduct and regulations of Harding University, both those presently existing and those subsequently amended or adopted. I certify that the information given above is correct to the best of my knowledge.

_____ _____

Signature of Applicant Date

ARKANSAS CERTIFICATION OF IMMUNIZATION FOR INSTITUTIONS OF HIGHER EDUCATION

Arkansas State Law requires the following college students who were born after 1-1-57 to provide proof of immunity against measles and rubella: (1) All full-time students, and (2) any part-time students who reside on campus.

NAME OF STUDENT_____BIRTH DATE_____ SSN_____

ADDRESS_____ PHONE_____

EDUCATIONAL INSTITUTION_____
(Name) (City)

If you were born after 1-1-57 you must:

Attach an official immunization record from another educational institution in Arkansas (high school or college).*

-OR-

Attach an immunization certificate signed by a licensed medical doctor or an authorized public health department representative.*

-OR-

Have section A or B below completed and signed.

DECLARATION

I hereby certify that the person named above (1) has received measles vaccine* on __/__/__ and/or rubella vaccine on __/__/__ or (2) has the acceptable medical waiver (s) for either or both vaccines checked below:

CONDITION**		Check if Applicable
1.) A history of disease as confirmed by a positive laboratory test.	(Measles)	_____
	(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.) Depression 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. (Vaccine should be given after 3 months have elapsed)		_____
7.) A history of a severe systemic allergic reaction**** after exposure to neomycin.		_____
8.) For measles, a history of severe systemic allergic reaction**** after ingestion of eggs.		_____

Signed: _____
(Licensed Medical Doctor or Public Health Official) (Date)

Name of Signee: _____Phone:_____
(Type or Print)

Address of Signee: _____

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* Measels and rubella vaccines must have been received after the first birthday and after 1/1/68

** Medical exemption for conditions not listed may not be allowed unless approved by the Arkansas Department of Health.
Physicians must contact: The Arkansas Department of Health, Immunization Program, 4815 West Markham Street, Little Rock, AR 72205-3867 – (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 systemic 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.

(Over)

APPLICATION FOR RELIGIOUS EXEMPTION TO IMMUNIZATION REQUIREMENTS OF INSTITUTIONS OF HIGHER EDUCATION

Section 4 of Act 141 reads as follows:

The provisions of this Act shall not apply if the individual furnishes to the college or university written proof from a church or denomination official that such immunization conflicts with the religious tenets and practices of such recognized church or religious denomination of which said individual is adherent or member.

To claim a religious exemption, students must demonstrate that the "religious tenets and practices" on which they base their reactions to immunization are those of a "recognized" religion. Such evidence as a permanent address, existence of a written constitution or plan of organization, a written theology or statement of beliefs, certification of tax-exempt status, and copies of legal documents filed with any governmental agency will be considered. Students must also submit an explicit and specific statement of the church's denomination's condemnation or disapproval of immunization, demonstrating why immunization is not allowed or approved. Personal or philosophical opposition to immunization without this specific doctrinal edict is not a valid basis for an exemption.

_____
Name of Church or Religious Denomination

ADDRESSES	National Headquarters	Local Affiliate
	_____	_____
	_____	_____

****

CHURCH OFFICIAL: _____ _____
NAME TITLE

_____ _____
ADDRESS PHONE

Please attach a copy of your doctrine or that part of it which specifies that immunizations conflict with tenets and practices of your church or religious denomination and explain how this conflict is derived.

Please attach a copy of any legal documents filed with a local, state, or national governmental agency.

DECLARATION

This is to certify that immunization conflicts with religious tenets and practices of

_____
(Name of Church or Religious Denomination)

which_____
(Student's Name) (Address) (Phone)

is adherent or member. _____
Signature of Church or Denomination Official

City of _____ County of_____ on this_____

Day of _____ 20_____ personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same being duly sworn by me, made oath that the statements in the application are true.

Signature of Notary Public _____

My Commission expires _____

Recommendation for Admission

Master of Business Administration Program
Harding University
College of Business Administration
HU Box 10774, Searcy, AR 72149-0774

Name of Applicant:

_____ _____
(Last Name) (First Name, Middle Initial)

Social Security Number: XXX-XX-_____ Email: _____
(Last 4 Digits)

APPLICANT

Please complete the information above (type or print). Read the statement that follows:

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation. Should you decide not to waive your right of access, you may have access to the recommendation if you are admitted and enroll in the MBA Program at Harding University. Please check one of the following statements and place your signature in the space provided.

____ CONFIDENTIAL FILE (I hereby waive my right of access to this recommendation.)

____ OPEN FILE (I retain the right of inspection of this letter of recommendation.)

Applicant's signature _____ Date _____

RECOMMENDER

Please complete the information below or attach a business card. Then complete the recommendation on the reverse side of this form.

NAME _____ PHONE _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

_____

How long have you known the applicant? _____

What is your relationship to the applicant?_____

PLEASE TURN THE FORM OVER TO COMPLETE THE RECOMMENDATION

PLEASE EVALUATE THE APPLICANT BY CATEGORY

	Outstanding (95-100%)	Good (87-94%)	Above Average (78-86%)	Average (70-77%)	Below Average (<70%)	Unable to Judge
Intellect						
Quantitative Skills						
Verbal Expression						
Written Expression						
Maturity						
Creativity						
Imagination						
Ability to work with/get along with others						
Self-Discipline						
Leadership Potential						
Time Management						

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL WILL AID THE ADMISSIONS COMMITTEE IN EVALUATING THE APPLICANT. Comments regarding the applicant's potential for graduate business study and potential for professional and career advancement will be most helpful.

_____

_____

_____

Please check one:

____ STRONGLY RECOMMEND ____ RECOMMEND

____ RECOMMEND WITH RESERVATIONS ____ DO NOT RECOMMEND

Recommender's signature _____ Date _____

Recommendation for Admission

Master of Business Administration Program
Harding University
College of Business Administration
HU Box 10774, Searcy, AR 72149-0774

Name of Applicant:

_____ _____
(Last Name) (First Name, Middle Initial)

Social Security Number: XXX-XX-_____ Email: _____
(Last 4 Digits)

APPLICANT

Please complete the information above (type or print). Read the statement that follows:

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation. Should you decide not to waive your right of access, you may have access to the recommendation if you are admitted and enroll in the MBA Program at Harding University. Please check one of the following statements and place your signature in the space provided.

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Applicant's signature _____ Date _____

RECOMMENDER

Please complete the information below or attach a business card. Then complete the recommendation on the reverse side of this form.

NAME _____ PHONE _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

_____

How long have you known the applicant? _____

What is your relationship to the applicant?_____

PLEASE TURN THE FORM OVER TO COMPLETE THE RECOMMENDATION

PLEASE EVALUATE THE APPLICANT BY CATEGORY

	Outstanding (95-100%)	Good (87-94%)	Above Average (78-86%)	Average (70-77%)	Below Average (<70%)	Unable to Judge
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Quantitative Skills						
Verbal Expression						
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Creativity						
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Ability to work with/get along with others						
Self-Discipline						
Leadership Potential						
Time Management						

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL WILL AID THE ADMISSIONS COMMITTEE IN EVALUATING THE APPLICANT. Comments regarding the applicant's potential for graduate business study and potential for professional and career advancement will be most helpful.

_____

_____

_____

Please check one:

____ STRONGLY RECOMMEND ____ RECOMMEND

____ RECOMMEND WITH RESERVATIONS ____ DO NOT RECOMMEND

Recommender's signature _____ Date _____

ADMISSION ESSAY REQUIREMENTS

Master of Business Administration Program
Harding University
College of Business Administration

While the Admissions Committee will review a variety of input concerning your application to the Harding University M.B.A. Program, the essay questions give you an opportunity to provide detailed information about yourself—your ambitions, your goals, your achievements, your interests.

You may wish to share additional aspects about your background that are not reflected in the main application. Please include information that you believe would be helpful to the Admissions Committee in considering your admission to the program. The essay questions are designed to provoke thoughtful responses that will help us get to know you as a person and as someone who can profit from and contribute to the Harding MBA program.

Please compose your essays carefully as they are an integral part of your application. The Committee will review your ability to follow instructions, to use acceptable grammar, to organize your thoughts, to include relevant information, and to write coherently.

Instructions: Please submit your responses to the questions below on separate sheets of paper. Use only one side of the paper. Use one-inch margins and double spacing for your paragraphs. Include your name and last four digits of your social security number at the top of each page. Restate the question before beginning your response. Attach your responses to this sheet.

Essay #1

"The unexamined life is not worth living." Socrates, The Apology by Plato

In light of the above quotation, please discuss a decision you have made that in retrospect has had a major influence on your present situation—career, personal, professional, or otherwise. In hindsight would you make a different decision? (500 words minimum; no maximum length)

Essay #2: Answer ONE of the following (A or B):

A. What do you like about your job? What do you dislike? If you were promoted to senior management tomorrow, what changes would you make to your former position to address your dissatisfaction(s)? (500-750 words)

B. Describe an ethical dilemma you have experienced and discuss how you handled the situation. (500-750 words)

Essay #3

Please discuss your intermediate and long-term professional goals and why you want an MBA at this point in your career. In what ways do you think an MBA degree will help you achieve these goals? What do you want from an MBA program? Why have you chosen the College of Business at Harding University? (500-750 words)