



HARDING

APPLICATION FOR DISTANCE DELIVERY BIBLE PROGRAM

PLEASE SUBMIT WITH NON-REFUNDABLE APPLICATION FEE OF \$50

MALE FEMALE
LEGAL NAME: LAST FIRST MIDDLE INITIAL

PREFERRED NAME: SOCIAL SECURITY NUMBER:

ADDRESS: STREET, RURAL ROUTE, P.O.BOX CITY STATE ZIP

DATE OF BIRTH: MONTH, DAY, YEAR HOME PHONE: CELL PHONE:

E-MAIL ADDRESS:

RELIGIOUS PREFERENCE: MEMBER? YES NO WHICH CONGREGATION?

TERM OF INTENDED ENROLLMENT: FALL SPRING SUMMER YEAR: _____

ENROLLMENT STATUS: FIRST-TIME FRESHMAN TRANSFER (HOW MANY HOURS? _____) ADVANCED STUDY
 EARLY ENTRANCE TRANSIENT

THE FOLLOWING INFORMATION WILL BE USED IN A NONDISCRIMINATORY MANNER CONSISTENT WITH APPLICABLE CIVIL RIGHTS LAWS

- HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO
- HAVE YOU, FOR ANY REASON, BEEN SUSPENDED OR DISMISSED FROM AN ACADEMIC INSTITUTION? YES NO

➔ NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE LAST TWO QUESTIONS, PLEASE ATTACH A BRIEF EXPLANATION.

- ARE YOU A U.S. CITIZEN? YES NO
IF NO, PLEASE CHECK ONE OF THE FOLLOWING: PERMANENT RESIDENT TEMPORARY RESIDENT OF THE U.S.

- ARE YOU HISPANIC OR LATINO? YES NO

- PLEASE, SELECT ONE OR MORE OF THE FOLLOWING RACIAL GROUPS THAT APPLY TO YOU:
 AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE

OFFICE USE ONLY Admissions progress

Application Fee
\$ _____
PD _____

Character Reference
 College Transcript
(1st) _____
 College Transcript
(2nd) _____

Education

DID YOU GRADUATE HIGH SCHOOL? YES NO GED STILL ENROLLED

NAME OF HIGH SCHOOL: CITY, STATE, ZIP DATE OF (OR ANTICIPATED DATE OF) GRADUATION: MONTH, YEAR

HOME SCHOOLED GRADES: 9 10 11 12

SCHOOLS OR COLLEGE(S) ATTENDED: (LIST MOST RECENT FIRST)

NAME	LOCATION	DATES ATTENDED	DEGREES OR DIPLOMA

ARE YOU PRESENTLY APPLYING, OR DO YOU PLAN TO APPLY TO ANY OTHER COLLEGE(S)? YES NO
IF SO, WHERE?





Additional information

- I PLAN TO ENROLL IN THE CERTIFICATE OF BIBLICAL STUDIES.
- I PLAN TO ENROLL IN THE DUAL CREDIT PROGRAM.

HAVE YOU EVER VISITED CAMPUS? YES NO IF YES, FOR WHAT EVENT(S)? WHEN?

HOW DID YOU LEARN ABOUT HARDING UNIVERSITY?

- ALUMNUS OF THE UNIVERSITY
- CURRENT STUDENT
- FRIEND
- GUIDANCE COUNSELOR
- INTERNET/MEDIA
- MAIL FROM HARDING
- NATIONAL PUBLICATION ABOUT COLLEGES/UNIVERSITIES
- MINISTER
- RELATIVE
- FACEBOOK
- OTHER

DO YOU HAVE ANY FAMILY MEMBERS WHO HAVE ATTENDED HARDING? YES NO

IF YES, WHAT'S THE RELATION AND WHEN DID THEY ATTEND?

PLEASE LIST BROTHERS OR SISTERS IN NINTH THROUGH 12TH GRADE:

NAME	ADDRESS (IF DIFFERENT FROM YOURS)	CITY/STATE	GRADUATION YEAR	BIRTH DATE

Please Read and Sign

To the best of my knowledge, the foregoing is correct and complete. Furthermore, as a Harding University 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 OF APPLICANT DATE

➔ MAKE CHECKS OR MONEY ORDERS PAYABLE TO HARDING UNIVERSITY. CALL OUR OFFICE AT 800-477-4407 TO PAY BY CREDIT CARD.

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.

➔ PLEASE FORWARD THIS FORM TO:

HARDING UNIVERSITY
OFFICE OF ADMISSIONS SERVICES
 BOX 12255, 915 E. MARKET AVE.
 SEARCY, AR 72149-2255

PHONE: 501-279-4407
 TOLL-FREE: 800-477-4407
 FAX: 501-279-4129
 www.harding.edu