



**COLLEGE OF  
EDUCATION**  
HARDING UNIVERSITY

**PART B: MAT-Special Education Programs Checklist**

1.  **Signed Application**
  
2.  **Application Fee** – After we have entered your application into our system, please submit your \$40 non-refundable application fee via USPS mail or over the phone with our Business Office at 501-279-4336.
  
3.  **Immunization Record** – 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).
  
4.  **Transcripts** – (Except for work completed at Harding University) request ALL official transcripts be sent to Harding University, Non-Traditional Teacher Preparation Office, Box 12254, Searcy, AR 72149, or be sent electronically to the Registrar at Harding University.

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5.  **Cumulative GPA** – of 2.7 or 2.9 on the last 60 hours. \_\_\_\_\_

6.  **Test Scores** – Request the following test scores be sent to Harding University:

- ➔ Praxis CORE, G.R.E., ACT, or SAT:  
 Reading  Writing  Math
- ➔ Praxis Subject Assessment(s) or confirmation of registration before or within the first semester.

\_\_\_\_\_

7.  **Professional or Academic Recommendations** – Request recommendations from three individuals who will address your potential for success in the selected graduate program as well as address your professional and academic background. (See attached form.) Forms should be sent to [nontraditionalteacher@harding.edu](mailto:nontraditionalteacher@harding.edu) or faxed to: 501-279-5946.

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**GRADUATE STUDIES IN EDUCATION**  
**MASTER OF ARTS IN TEACHING**  
***SPECIAL EDUCATION***

Early Childhood/Special Education Integrated (B-K)

Special Education K-12

**Additional Test Required for Licensure for Special Education K-12:**

Pearson Foundations of Reading

**Additional Test Required for Graduation and Licensure for Early Childhood/Special Education Integrated (B-K):**

Praxis® Principles of Learning and Teaching: Early Childhood (should be taken after EDFD 611 class)

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Harding ID Number**

**Note:** Master of Arts class schedules can be found on our website: [www.harding.edu/gradedu](http://www.harding.edu/gradedu)

**Harding University, Office of Nontraditional Teacher Preparation, Box 12254, 915 E. Market Avenue, Searcy, AR 72149-5615. Phone 501-279-5726. FAX: 501-279-5946. E-mail: [nontraditionalteacher@harding.edu](mailto:nontraditionalteacher@harding.edu)**

<b>Office Use</b>	
<input type="checkbox"/>	Transcript Evaluation Completed
Yes or No Provisional Admission	
_____ Provisions	
_____ Program Director	
_____ Date	



### Recommendation for Master of Arts in Teaching Program

**To the Applicant:** The Federal Family Educational Rights and Privacy Act of 1974 and its amendments guarantee enrolled students the right to see their letter of recommendation unless they explicitly waive that right. Indicate below what your wishes are in this regard.

- I **do NOT** waive my right to inspect the contents of this recommendation  
 I **DO** waive my right to inspect the contents of this recommendation

\_\_\_\_\_  
Applicant Full Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To the Referrer:** This is a Letter of Recommendation regarding a candidate's teaching potential for admission to a *Master of Arts in Teaching (MAT) Program*. The above named person has given your name as a reference. Please assess the candidate's performance as a prospective teacher and return the form to the candidate for inclusion in his/her application. If the applicant has waived the right to inspect the recommendation, the recommendation should be returned to the Harding University address listed below.

<i>Please check the column that applies to your assessment of the applicant in the categories listed below</i>	<b>Unusually High</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Unusually Low</b>	<b>No Basis for Judgment</b>
Demonstration of Content of Knowledge						
Breadth of Knowledge						
Enthusiasm						
Sense of Responsibility						
Oral Expression						
Written Expression						
Flexibility						
Initiative						
Ability to Work with Children						
Ability to Work with Other Adults						
Emotional Maturity						
Potential as a Teacher						

Please include below additional comments about the applicant.

Referrer Name (Please print): \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Harding University, College of Education, Master of Arts in Teaching Program, Box 12254, Searcy, AR 72149.  
 Email: [nontraditionalteacher@harding.edu](mailto:nontraditionalteacher@harding.edu)