Admissions Checklist

Student Name: ________________________________ Date: _________________

1. ___ signed application

2. ___ $50.00 application fee

3. ___ official transcripts showing all college work sent from the university to us

4. ___ one character letter of reference from an individual familiar with your academic or professional background (Must be dated & signed)

5. ___ copy of immunization records

6. ___ Student is 23 years of age or older—Date of Birth: _________________

Verified by: ________________________________ Date: _________________
APPLICATION FOR UNDERGRADUATE ADMISSION
Bachelor of Arts – Degree Completion Program, Teacher Licensure

PERSONAL DATA

Use all capital letters to print your last and first names and middle initial (in that order) on the line below.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
<th>Preferred Name</th>
</tr>
</thead>
</table>

Maiden Name  
Home Phone (Area Code and Number)  

Address (Street, Rural Route, P.O. Box)  
Work Phone (Area Code and Number)  

City and State  
Zip Code  
Cell Phone (Area Code and Number)  

Social Security Number  
E-Mail Address (if available)  

Birth Date (mm/dd/year)  
Gender (please circle one):  
Male  
Female  

Religious Preference  
Member?  
Which congregation?  

1. Have you been convicted of a criminal offense other than minor traffic violations?  
☐ Yes (attach explanation)  
☐ No  

2. Have you, for any reason, been suspended or dismissed from an academic institution?  
☐ Yes (attach explanation)  
☐ No  

3. Are you a U.S. citizen?  
☐ Yes  
☐ No  

4. Are you Hispanic or Latino? (This includes anyone of Spanish culture or origin):  
☐ Yes  
☐ No  

5. Select any 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  

This information will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.  

6. Are you a veteran?  
☐ Yes  
☐ No  

7. Do you expect to receive VA benefits?  
☐ Yes  
☐ No  

EDUCATIONAL DATA

Have you ever attended Harding?  
☐ Yes  
☐ No  

If so, when was the last date you were enrolled at Harding?  

Are you presently applying, or do you plan to apply, to any other college(s)?  
If so, where?  

List the school(s) you have attended (or are attending).  

<table>
<thead>
<tr>
<th>School or College</th>
<th>Location</th>
<th>Date Attended</th>
<th>Degrees or Diplomas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Proposed enrollment date:  
Please indicate which area of licensure you will pursue (Please Circle One):  
I will be seeking:  

☐ Fall 20 ______  ☐ Elementary K-6  ☐ ___B. A. Degree  
☐ Spring 20 ______  ☐ Middle Childhood/Math/Science 4-8  ☐ ___Licensure Only  
☐ Summer 20 ______  ☐ Middle Childhood/Science/Soc. Sci 4-8  
☐ Middle Childhood/Math/Language Arts 4-8  
☐ Middle Childhood/Language Arts/Science 4-8  
☐ Middle Childhood/Language Arts/Social Sci 4-8  
☐ Middle Childhood/Math/Soc Sci 4-8
EMPLOYER DATA

Employer Name _______________________________________________________________________________________________________
Employer Address (Number, Street, City, State, ZIP) _________________________________________________________________________
Employer Phone Number __________________________________________________________

Will your employer be funding your Harding education?  ? ❑ Yes ❑ No

Job Title ____________________
Dates Employed ________________________________________________________________

What is your T-shirt size?  ❑ Small ❑ Medium ❑ Large ❑ X-Large ❑ 2X

Have other members of your immediate family attended Harding?  ❑ Yes ❑ No

If yes, who? __________________________ What relationship? __________________________

To the best of my knowledge, the foregoing is correct and complete. Furthermore, as a Harding 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 __________________________________________ Date __________
Signature __________________________

FOR YOUR INFORMATION:

Harding’s CLEP code is 6267.
Financial Aid Title IV code is 001097.

HARDING UNIVERSITY
ADMISSIONS OFFICE
H.U. 12255, SEARCY, AR 72149 – 5615
www.harding.edu

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.

ADMISSIONS PROGRESS (Do Not Write In This Box)

❑ App Fee $ ________ Pd / /
❑ College Transcript
❑ College Transcript (2nd)
❑ College Transcript (3rd)
❑ College Transcript (4th)
❑ Recommendation
❑ Health Form

READMISSIONS PROGRESS (Office Use Only: Registrar)

❑ Approved by Office of Student Services
❑ Hours completed as of _____
❑ GPA as of ______
❑ Approved by VP for Academic Affairs
❑ Status
❑ Status: Other ______________________
❑ Approved by Business Office _____________