**Requirements for Admission**

1. _____ signed application
2. _____ $40.00 application fee
3. _____ immunization records (must have at least one MMR shot)
4. _____ official transcripts showing all graduate work sent from the university to the Graduate Studies Office (cumulative GPA of 3.3 on all graduate work)
5. _____ copy of current teaching license INCLUDING standard building level license and proof of completed requirements for district level administrator license
6. _____ copy of test scores: either Miller Analogies Test (scaled score = 396) or G.R.E. (composite score of 900 on the verbal and quantitative sections and a 4.0 on the analytical section)
7. _____ references from 3 individuals (see attached form)
8. _____ two writing artifacts from previous work (thesis, research paper, journal article, field study, grant, specialist project)
9. _____ copy of professional resume inclusive of work experience and professional accomplishments
10. _____ list of technology skills
11. _____ personal interview with Graduate Admission Committee
12. _____ impromptu writing sample at time of interview
13. _____ documentation of your supervisor’s support for your participation in this program – Principal, Superintendent, or Board President (whichever is applicable to your position)

_____________________________________________
Applicant Name

**Note:** Check out our website at [http://www.harding.edu/academics/colleges-departments/education/graduate-programs/doctor-of-education-in-educational-leadership](http://www.harding.edu/academics/colleges-departments/education/graduate-programs/doctor-of-education-in-educational-leadership)

Harding University, Graduate Studies in Education, HU Box 12261, 915 E. Market Avenue, Searcy, AR 72149-5615

07-09-2014
### Graduate Studies in Education

**Application for Admission**

**Doctor of Education in Educational Leadership P-20**

**Date:** ________________

**Semester to Enroll:** ________________

**Name:** _____________________________________________________________________________________________________

**First** | **Middle** | **Last** | **Maiden**
---|---|---|---

**Date of Birth:** ____________________________ | **Social Security Number:** ____________________________

**Address:** _____________________________________________________________________________________________________

<table>
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<tr>
<th><strong>Street or Post Office Box</strong></th>
<th><strong>City</strong></th>
<th><strong>State</strong></th>
<th><strong>Zip</strong></th>
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</table>

**Home Phone:** ____________________________ | **Cell Phone:** ____________________________

**E-mail (Home):** ____________________________ | (**Other**): ____________________________

**School / Employer:** ____________________________ | **Work Phone:** ____________________________

**Church Affiliation:** ____________________________

---

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

- **Gender:**
  - [x] Male
  - [ ] Female

- **U.S. Citizen:**
  - [ ] Yes
  - [x] No

- **Marital Status:**
  - [x] Single
  - [ ] Married

- **Are you Hispanic or Latino?**
  - [ ] Yes
  - [x] No
  *(This includes Spanish culture or origin.)*

- **Earned Degree(s)** *(Circle degree; fill in major)*

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<tr>
<th><strong>College/University</strong></th>
<th><strong>Graduation Date</strong></th>
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<td><strong>BA or BS</strong></td>
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<td><strong>MA or MS</strong></td>
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<td><strong>EDS</strong></td>
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<tr>
<td><strong>Other</strong></td>
<td>____________________________</td>
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</tbody>
</table>

**Last Semester at Harding:** ________________

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07-09-2014
PROFESSIONAL OR ACADEMIC REFERENCES

I, the applicant, will request references from three individuals concerning my professional and academic background be sent to the address listed below. These must be submitted on the reference form provided with this application packet.

TRANSCRIPTS

I, the applicant, must request the INSTITUTIONS where all previous college work has been done to forward one official copy of transcript of credits to the Graduate Studies in Education Office of Harding University. (Harding graduates need not supply a transcript.)

REGULATIONS

If approved for admission, I agree to abide by the regulations and requirements of Harding University.

All information disclosed on this application is voluntary and will be used in a non-discriminatory manner, consistent with applicable civil rights laws.

I have read, understood, and agreed to the stated policies and procedures set forth in the Harding University Graduate Catalog and the Graduate Studies in Education Code of Conduct.

Signed: ___________________________________________

ATTENTION

Applications must be accompanied by a $40.00 application fee. Make checks payable to:

Harding University

FOR OFFICE USE ONLY

Date Admitted: _______________________________

Admission: Unconditional _____ Provisional _____

List deficiencies if provisional admission:

____________________________________________

Approved by: ________________________________

07-09-2014
Reference for Admission to the

DOCTOR OF EDUCATION IN EDUCATIONAL LEADERSHIP P-20

Applicant: This form is to be completed by a professor, educator, or supervisor who can respond to the requested information regarding your ability to be successful in a doctoral program. Please complete this box before giving this form to the evaluator.

Applicant’s Name: ____________________________________________________________

Last    First           Middle

Employer:  ____________________________________________________________

Present Position: ____________________________________________________________

I do_______    I do not_______ waive the right to inspect and view this reference form pursuant to the Family Education Privacy Act/Buckley Amendment 1974.

Evaluator:  This reference form is designed to provide an opportunity for the evaluator to describe the traits, attributes, qualities, and work-related experiences of the applicant. The Ed.D. program at Harding University requires students to complete coursework at the same time they are conducting research for and writing their dissertations. Therefore, the evaluator must be a professor, educator, administrator, or supervisor who can clearly attest to the applicant’s job performance, ability to write, work ethic, and potential to endure the rigor of the combined instructional and dissertation requirements of the doctoral program.

What is your relationship to the applicant and in what capacity have you observed the person?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Describe any project, major organizational report, or committee work in which you observed or participated with applicant and how did the applicant perform.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

07-09-2014
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<th>Initiative/Self- Starter</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<tr>
<td>Resourcefulness</td>
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<td>Work Ethic/ Tenacity</td>
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<td>Emotional Control</td>
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<td>Attitude/Cooperative Spirit</td>
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<td>Dependability</td>
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<td>Interpersonal Skills</td>
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<td>Oral Communication</td>
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</table>

This is a program requiring intensified coursework, job-related research, and a dissertation. Describe any concerns you may have regarding the applicant’s potential for success.

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

As the evaluator of this reference form, I have carefully considered my evaluation of the applicant and support the consideration for admission.

Evaluator’s Signature       Print Name

Title     Institution/School/Organization

Location     Date

The evaluator should mail this reference form to:

Harding University
Cannon-Clary College of Education, Ed.D. Program
Box 12261
Searcy, AR 72149-5615
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: Graduate Studies, Harding University Box 12261, Searcy, AR 72149-5615

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 _____________________

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**
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) 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 —
   a. (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.