



**GRADUATE STUDIES
IN EDUCATION
APPLICATION FOR ADMISSION
EDUCATIONAL SPECIALIST
IN
EDUCATIONAL LEADERSHIP**

Requirements for Admission

1. _____ signed application
2. _____ \$40.00 application fee
3. _____ immunization records (one MMR shot is required)
4. _____ official transcripts showing all college work sent from the university to the Graduate Studies Office (cumulative GPA of 3.0 on master’s work)
5. _____ documentation of your last four years of teaching experience *(Note: To be eligible for licensure upon completion of program, applicant must have 4 years of actual teaching experience.)*
6. _____ copy of current teaching license INCLUDING standard building level administrative license (or must have completed program requirements to receive a standard building level administrator license) *(Note: To be eligible for district license at end of program, applicant must have Standard Building Level Administrator license and one year of experience as an administrator.)*
7. _____ documentation of your superintendent’s support for your participation in this program including a commitment allowing you to participate in field experiences
8. _____ letters of reference from three individuals who know your professional abilities
9. _____ copy of passing 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)
10. _____ personal interview with graduate faculty
11. _____ impromptu writing sample at time of interview

_____ Applicant Name

Note: Educational Leadership class schedules (flyers) can be found on our website:
<http://www.harding.edu/academics/colleges-departments/education/graduate-programs/educational-specialist-in-educational-leadership>



**GRADUATE STUDIES
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APPLICATION FOR ADMISSION**

**EDUCATIONAL SPECIALIST
IN
EDUCATIONAL LEADERSHIP**

OFFICE USE ONLY

H#: _____

DATE: _____

SEMESTER TO ENROLL: _____

NAME: _____
FIRST MIDDLE LAST MAIDEN

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
STREET OR POST OFFICE BOX CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

E-MAIL (HOME) _____ (OTHER) _____

SCHOOL / EMPLOYER: _____ WORK PHONE: _____

CHURCH AFFILIATION: _____

Preferred Location: North Little Rock Rogers

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

- Gender: Male Female
- U.S. Citizen Yes No
- Marital Status: Single Married
- Are you Hispanic or Latino? Yes No
(This includes Spanish culture or origin.)
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

I plan to seek a(n):

- Educational Specialist in Educational Leadership Degree
- District Level Program of Study

Have you taken:	When?
• GRE <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
• MAT <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

<u>Earned Degree(s)</u> <i>(Circle degree; fill in major)</i>	<u>College/University</u>	<u>Graduation Date</u>
BA or BS - _____	_____	_____
MA or MS - _____	_____	_____
Other - _____	_____	_____

Last Semester at Harding: _____

If you plan to transfer graduate credits to Harding, list school's name: _____

PROFESSIONAL OR ACADEMIC REFERENCES

I, the applicant, will request letters of reference from three individuals concerning my professional and academic background be sent to the address listed below.

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: _____

Applicants must provide a copy of either:

- GRE, or
- MAT

Or, the applicant may take one of the above tests during the first semester graduate work.

ATTENTION

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

Harding University

Return to:

Director of Educational Leadership
Harding University
HU 12261
915 E. Market Avenue
Searcy, AR 72149-5615

edleadership@harding.edu
Phone: 501-279-4117
Fax: 501-279-4435

FOR OFFICE USE ONLY

Date Admitted: _____

Admission: Unconditional _____ Provisional _____

List deficiencies if provisional admission:

Approved by: _____

HARDING UNIVERSITY

GRADUATE STUDIES IN EDUCATION

CODE OF CONDUCT

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** | 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) 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.