

**GRADUATE STUDIES
IN EDUCATION**
Application for Admission

**MASTER OF ARTS IN TEACHING
SPECIAL EDUCATION**
DEGREE PROGRAM: *LEADING TOWARD LICENSURE*

Requirements for Admission

- ___ Signed application
- ___ \$40.00 application fee
- ___ Immunization record
- ___ Official transcripts showing all college work – undergraduate and graduate

- ___ 2nd set of Official transcripts showing all college work – For Licensure Application
- ___ Three letters of reference

- ___ Praxis® Core or GRE (Minimum score – 142 Verbal, 142 Quantitative, Writing 3.5)
- ___ Cumulative GPA of 2.7 (or 2.9 on the last 60 hours) (GPA: _____)

Additional tests required for licensure for Special Education K-12:

- ___ Praxis® Subject Assessment(s) taken after three credit hours of SPED 6060 and three credit hours of another SPED course. Must pass to continue in program.
- ___ Praxis® Fundamental Subjects: Content Knowledge
- ___ Pearson Foundations of Reading (should be taken *after* Reading courses)

Additional test required for licensure for B-K Integrated with Special Education B-K:

- ___ Praxis® Subject Assessments taken after three credit hours of SPED 6060 and three credit hours of another SPED course. Must pass both tests to continue in program.
- ___ Praxis® Principles of Learning and Teaching (should be taken after EDFD 6110 class)

Student Name

Office Use	
<input type="checkbox"/>	Transcript Evaluation Completed
YES or NO	Provisional Admission
_____ <i>Provisions</i>	
_____ <i>Program Director</i>	
_____ <i>Date</i>	



GRADUATE STUDIES IN EDUCATION Application for Admission

OFFICE USE ONLY
H# _____

MASTER OF ARTS IN TEACHING SPECIAL EDUCATION DEGREE PROGRAM: LEADING TOWARD LICENSURE

DATE: _____

PREFERRED LOCATION:

- SEARCY
- NORTH LITTLE ROCK
- ROGERS

GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED

NAME: _____ (_____)
FIRST MIDDLE LAST MAIDEN

ADDRESS: _____
STREET OR POST OFFICE BOX CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

SCHOOL / EMPLOYER: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____ CHURCH AFFILIATION: _____

E-MAIL (HOME) _____ (OTHER) _____

<u>SEMESTER TO ENROLL</u>		<ul style="list-style-type: none"> • Are you Hispanic or Latino? YES _____ NO _____ • Select one or more of the following races that apply to you: <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
FALL 20 _____	SPRING 20 _____	
U.S. Citizen: YES _____ NO _____		
Are you a veteran: YES _____ NO _____		

I plan to pursue (check one of the following):

- Track I – Provisional Licensure: Teacher of Record
- Track II – Traditional Student Teaching: Candidates will follow a more traditional teacher preparation program culminating with a semester of student teaching.

Licensure area: Scores for Praxis® Subject Assessment Praxis® Fundamental Subjects, Praxis® PLT, and Pearson Foundations of Reading exams must meet the state of Arkansas requirement for licensure.

I plan to pursue (check one of the following):

- MAT Special Education K-12
- MAT Birth-Kindergarten Integrated w/Special Education B-K

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

College/University

Graduation Date

BA / BS _____

MA / MS _____

MED _____

Semester last attended Harding _____

If you plan to transfer graduate credits to Harding, please circle "YES" and provide name of school(s):

PROFESSIONAL OR ACADEMIC RECOMMENDATIONS

I, the applicant, will request letters of recommendation from three individuals who will address my potential for success in the selected graduate program as well as address my professional and academic background. I will request the letters be sent to the address or e-mail 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 Harding University’s Graduate Studies in Education Office (Harding graduates need not supply a transcript).

TEST SCORES

Applicants must provide a copy of scores for the following exams:

- Praxis® CORE Exams or GRE (required for admission)
- Praxis® Subject Assessment Exam(s)
- Praxis® Fundamental Subjects: Content knowledge (SPED K-12 only)
- Pearson Foundations of Reading (SPED K-12 only) (must be completed before graduation)
- Praxis® Principles of Learning and Teaching (SPED B-K only) taken after EDFD 6110 class

IMMUNIZATION

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).

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.

APPLICATION FEE

Applications must be accompanied by a \$40.00 non-refundable application fee. Make checks payable to Harding University.

Office Use Only: _____

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

Student Signature

Return to:
Graduate Studies in Education
Box 12261
Harding University
Searcy, AR 72149-5615

Phone: 501-279-4315
Fax: 501-279-4083
E-mail: mat@harding.edu

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.

HARDING UNIVERSITY

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:

Check if
Applicable

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.