HARDING UNIVERSITY
Admissions Checklist
Northwest Arkansas Professional Center
901 S. 52nd Street
Rogers, AR 72758

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

5. ___ copy of immunization records

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

Verified by: __________________________ Date: ________________
HARDING UNIVERSITY
Northwest Arkansas Professional Center
901 S. 52nd Street
Rogers, AR  72758

APPLICATION FOR UNDERGRADUATE ADMISSION
Bachelor of Arts – Degree Completion Program, Teacher Licensure

□ Rogers

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 (Mo. Day, Yr.)  
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>
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<td></td>
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</tbody>
</table>

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

- Fall 20______ Early Childhood P-4  
- Spring 20______ Middle Childhood/Math/Science 4-8  
- Summer 20______ Middle Childhood/English/Language/Social Studies 4-8  
- B.A. Degree  
- Licensure Only
EMPLOYER DATA

Employer Name

Employer Address (Number, Street, City, State, ZIP)

Employer Phone Number

Will your employer be funding your Harding education?

Job

Dates Employed

Title

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

Signature ___________________________ Date ______________

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 - 2255

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 ________________________
HARDING UNIVERSITY
DEGREE COMPLETION PROGRAM IN EDUCATION
Scholarship Application

This form must be completed before starting the program.

I, ____________________________, am applying for a scholarship for the Degree Completion Program in Education.

My major area of study will be ____________________________ (Early Childhood Education, Middle Level Math/Science/ or Middle Level English/Language Arts/Social Studies).

I currently have ________ total hours of class work from ____________________________.

My current employer is ____________________________.

Student Signature ____________________________

Social Security Number ____________________________

Email ____________________________

Date ____________________________

Home Mailing Address
______________________________
______________________________

Home phone ____________________________

Work phone ____________________________

Please return this form to:

Northwest Arkansas Professional Center
901 S. 52nd Street
Rogers, AR 72758

Approved ____________________________

Date ____________________________