



HARDING

APPLICATION FOR RE-ADMISSION

COMPLETE FORM AND RETURN TO ASSISTANT VICE PRESIDENT/DEAN OF STUDENTS, BOX 12252, SEARCY, AR 72149-5615

MALE FEMALE FULL NAME: LAST NAME, FIRST NAME, MIDDLE INITIAL _____

PREFERRED NAME MAIDEN NAME

DATE OF BIRTH: MONTH, DAY, YEAR SOCIAL SECURITY

ADDRESS: STREET, RURAL ROUTE, P.O. BOX

CITY STATE ZIP CODE

HOME PHONE CELL PHONE

RELIGIOUS PREFERENCE MEMBER? YES NO WHICH CONGREGATION?

CHECK THE BOX THAT APPLIES:

1. HAVE YOU BEEN INVOLVED IN CASES OF CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS SINCE YOUR LAST ENROLLMENT AT HARDING?

YES (PLEASE ATTACH AN EXPLANATION) NO

2. HAVE YOU BEEN SUSPENDED OR DISMISSED FROM AN ACADEMIC INSTITUTION SINCE YOUR LAST ENROLLMENT AT HARDING FOR

A. DISCIPLINARY REASONS?

YES (PLEASE ATTACH AN EXPLANATION) NO

B. ACADEMIC REASONS?

YES (PLEASE ATTACH AN EXPLANATION) NO

3. MARITAL STATUS:

SINGLE MARRIED SEPARATED WIDOWED DIVORCED

4. NAME OF SPOUSE? _____

5. ARE YOU A U.S. CITIZEN? YES NO

6. LAST ENROLLED AT HARDING? _____

7. DID YOU COMPLETE A DEGREE? IF SO, WHICH ONE? _____

8. WHAT SEMESTER DO YOU PLAN TO RETURN TO HARDING? _____

9. ARE YOU SEEKING A DEGREE? IF SO, WHAT IS YOUR PLANNED MAJOR? _____

10. ARE YOU COMPLETING PREREQUISITES FOR A DEGREE PROGRAM? IF SO, WHICH ONE? _____

11. PLEASE LIST COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED SINCE YOUR LAST ENROLLMENT AT HARDING. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE PAGE.

A. NAME OF INSTITUTION _____

LOCATION: CITY, STATE, ZIP _____

DATES ATTENDED _____

DEGREES OR HOURS COMPLETED _____

B. NAME OF INSTITUTION _____

LOCATION: CITY, STATE, ZIP _____

DATES ATTENDED _____

DEGREES OR HOURS COMPLETED _____

12. DO YOU EXPECT TO RECEIVE FINANCIAL AID? YES NO

13. ALL SINGLE STUDENTS UNDER 22 YEARS OF AGE MUST LIVE IN UNIVERSITY HOUSING:

I PLAN TO LIVE IN A DORM

I WILL COMMUTE FROM HOME OR LIVE WITH RELATIVES.

WITH WHOM WILL YOU LIVE?

I AM A MARRIED STUDENT AND DESIRE CAMPUS HOUSING

I AM A MARRIED STUDENT AND WILL LIVE OFF CAMPUS

OFFICE USE ONLY

STUDENT ID No. _____

APPROVED BY STUDENT LIFE

HOURS AS OF _____

GPA AS OF _____

APPROVED BY PROVOST

STATUS

STATUS: OTHER

APPROVED BY BUSINESS OFFICE

➔ PLEASE READ AND SIGN:

To the best of my knowledge, the foregoing is correct and complete. Furthermore, as a Harding University 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.

APPLICANT'S SIGNATURE DATE

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.