

Master's degree
application



HARDING UNIVERSITY
GRADUATE SCHOOL of RELIGION
Transforming Leaders

Please supply all requested information in the sections that apply to you. Be sure to sign and date Section V. This information is kept confidential.

SECTION I — All applicants

Full name: _____
Last First Middle Preferred

Current address _____ City/State ZIP code Area code Phone number

Permanent address _____ City/State ZIP code Area code Phone number

Business phone: _____ Cell phone: _____
Area code Phone number Area code Phone number

E-mail: _____

Date of birth _____ SSN: _____ Male Female

Ethnic information

This information is voluntary and will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

1) Are you Hispanic or Latino? Yes No (This includes anyone of Spanish culture or origin.)

2) Select any of the following racial groups that apply to you: American Indian or Alaskan Native Asian Black or African-American Native Hawaiian or other Pacific Islander White

Religious preference/Church membership: _____

Semester you plan to begin at HUGSR: Fall Spring Summer Year 20_____

Have you ever applied to HUGSR before? Yes No If yes, when? _____

Why do you desire to attend Harding University Graduate School of Religion?

In chronological order, list all schools attended after high school. Attach a separate sheet if necessary.

Name of institution	Location	Dates attended	Degree & date received	GPA
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

An official copy of transcript(s) from schools listed above must be on file at HUGSR before your application is completed.

Major in college _____

Minor(s) in college _____

Honors _____

National information

This information will not be used to determine admission status.

Place of birth _____ Country of citizenship _____

If not a U.S. citizen: 1) What is your visa status? _____

2) SEVP number _____

If you answer YES to any of the following questions, attach a statement giving details.

- a. Has academic or disciplinary action been taken against you at any college you have attended? Yes No
- b. Have you ever been convicted or pleaded guilty to any crime (not minor traffic violations)? Yes No
- c. Have you ever been treated for alcohol/drug abuse or any other type of addiction?
 Yes No
- d. Do you know of any problem that might adversely affect your admission to this school?
 Yes No

CONTACT INFORMATION

Father: _____
Name Address City/State ZIP code Phone

Mother: _____
Name Address City/State ZIP code Phone

Emergency Contact: _____
Name Address City/State ZIP code Phone

Relationship to you: _____

REFERENCES

Provide the names and **full addresses** of four references as described below. The admissions office will send them reference forms. Do not list family members.

Choose one option: I DO I DO NOT waive my right to view completed references.

Name Address City/ State ZIP code

1. _____
A professor

2. _____
A professor

3. _____
A businessperson (Counseling applicants, provide a professional counselor as a reference.)

4. _____
A minister

SECTION II — Master of Arts, Master of Arts in Christian Ministry, and Master of Divinity applicants

\$40 APPLICATION FEE REQUIRED

Plans for life's work: _____

Check degree program and concentration:

Master of Arts. Check area of concentration:

- Old Testament New Testament Apologetics
 Historical Theology Systematic Theology

Master of Arts in Christian Ministry. State your area of concentration, if any:

Master of Divinity. Check area of concentration, if any (check only one): None

- Apologetics Campus Ministry Church Planting
 Counseling Global Missions Homiletics
 Leadership and Church Health New Testament Old Testament
 Systematic Theology Urban Missions Worship Ministry
 Youth and Family

List churches with which you have been most involved. Attach a separate sheet if needed.

Dates	Church	Location	Involvement
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SECTION III — Nondegree programs

\$40 APPLICATION FEE REQUIRED

Check nondegree program: Special Student Certificate in Ministerial Counseling
 M.Div. Equivalency

SECTION IV — Master of Arts in Counseling applicants

Once the application file is complete, qualified applicants will be contacted to schedule an interview with the counseling faculty.

\$40 APPLICATION FEE REQUIRED

SENTENCE COMPLETION: This short document will be sent to applicants.

M.A. IN COUNSELING ESSAY: Base your essay on the items below, typing each item and then your response

- As you write, strive for clarity and specificity.
 - Use 12-point Times New Roman and single space.
 - Responses should follow the word limits assigned for each question.
1. Describe how an M.A. in Counseling degree would facilitate your personal and professional goals. (50-100 words)
 2. Considering your personal, spiritual, and professional background, why have you chosen Harding University Graduate School of Religion as the place to pursue your degree? (50-100 words)
 3. What have been some of the most significant turning points and/or crises in your life? What have you learned from them? (150-200 words)
 4. Reflect on how your family of origin experiences will influence how you counsel. (150-200 words)
 5. How have your academic and professional experiences and achievements prepared you to be successful in this degree program? Please elaborate on skill sets, character traits, and other personal strengths you bring into the program. (250-400 words)
 6. Describe your understanding of a counselor's work as a Licensed Professional Counselor or a Marriage and Family Therapist. (50-100 words)
 7. How do you see yourself integrating spirituality and counseling? (150-250 words)

SECTION V — All applicants

This application in its entirety (including all pages and any attachments) is true and accurate to the best of my knowledge. By signing this application I agree that, if admitted, I will abide by all of the regulations of Harding University Graduate School of Religion.

Applicant's signature

Date

To complete the application process:

- Complete this application and mail with the appropriate fee.
- M.A. in Counseling applicants will send all items listed in section IV.
- Request your undergraduate transcripts be sent to the address below.
- Inform your references so they can expect to be contacted by the admissions office.

PRIORITY APPLICATION DEADLINES

Fall semester: March 1

Spring semester: October 1

Summer: March 1

H A R D I N G U N I V E R S I T Y

GRADUATE SCHOOL *of* RELIGION

**1000 Cherry Road
Memphis, TN 38117**

**800-680-0809
901-761-1356
Fax: 901-761-1358**

**www.hugsr.edu
hgsadmissions@hugsr.edu**

HUGSR use only:

Date admitted _____ Admissions chairman _____