



## **ADULT UNDERGRADUATE DEGREE PROGRAMS**

### **Application For Admission**

5700 College Road, Lisle, Illinois 60532

Enrollment Center Phone: (630) 829-6300 Outside Illinois: (888) 829-6363 FAX: (630) 829-6301

E-mail: [admissions@ben.edu](mailto:admissions@ben.edu) Web Address: [www.ben.edu](http://www.ben.edu)

## GENERAL INFORMATION

LAST NAME				FIRST	MIDDLE	MAIDEN (IF ANY)	DAYTIME TELEPHONE	
						HOME/CELL TELEPHONE		
STREET ADDRESS				SOCIAL SECURITY NUMBER				
CITY			STATE	9-DIGIT ZIP CODE		E-MAIL ADDRESS		
COUNTY	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY (OPTIONAL)		RELIGION (OPTIONAL)	DATE OF BIRTH	
NAME OF HIGH SCHOOL				MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED				
NAME(S) OF ALL COLLEGE(S) ENROLLED		LOCATION	DATES ENROLLED		DIPLOMA/DEGREE			
<b>PLEASE LIST THE NAME OF ALL COLLEGES AND UNIVERSITIES IN WHICH YOU PREVIOUSLY ENROLLED AS A PART OF UNDERGRADUATE COURSEWORK. THIS INFORMATION IS NECESSARY FOR A COMPLETE ACADEMIC HISTORY AND FAILURE TO DISCLOSE ALL PREVIOUS COLLEGE INFORMATION WILL RESULT IN IMMEDIATE DENIAL OF ADMISSION, REVOKING OF ADMISSION OR DISMISSAL FROM THE UNIVERSITY.</b>								
HAVE YOU EVER PLEADED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF, A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO								
IF YES, PLEASE PROVIDE DATE(S) AND DETAILS _____								
ANSWERING YES DOES NOT CONSTITUTE AN AUTOMATIC BAR TO ADMISSION. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. NOTE: YOU ARE NOT OBLIGATED TO DISCLOSE THE EXISTENCE OF ANY CONVICTION OR ARREST RECORDS WHICH HAVE BEEN SEALED OR EXPUNGED PURSUANT TO CHAPTER 20, SECTION 2630/12 OF THE ILLINOIS COMPILED STATUTES.								

## ADMISSIONS INFORMATION

When do you expect to enter Benedictine University?  Fall  Spring  Summer Year \_\_\_\_\_

I will be a:  Full-Time Student (12 hours or more)  Part-Time Student (11 hours or less)

On what campus do you plan to attend?  Lisle  Springfield

I will be a:  Campus Resident  Commuter

Have you ever applied for admission to Benedictine University?  No  Yes If yes, when? \_\_\_\_\_

Have you ever enrolled at Benedictine University?  No  Yes Dates Enrolled \_\_\_\_\_

Have you taken or will you take?  ACT \_\_\_\_\_ / \_\_\_\_\_  SAT \_\_\_\_\_ / \_\_\_\_\_  
(indicate most recent) DATE DATE

Is English the primary language spoken in the home?  Yes  No If not, please state language \_\_\_\_\_

I am applying to the following schools: \_\_\_\_\_

Benedictine is my  1st choice  2nd choice  3rd choice  Other \_\_\_\_\_

How did you hear about Benedictine University?  Friend  Radio  Newspaper  Internet  Other \_\_\_\_\_

Are you or have you ever been an employee of Benedictine University?  Yes  No

## ACADEMIC INFORMATION

PLEASE INDICATE CHOICE OF MAJOR FIELD

<input type="checkbox"/> <b>Accounting:</b> <input type="checkbox"/> Evening Learning Team	<input type="checkbox"/> <b>Management:</b> <input type="checkbox"/> Weekend College <input type="checkbox"/> Moser Learning Team	<input type="checkbox"/> <b>Nursing (RN required):</b> <input type="checkbox"/> at College of DuPage, Glen Ellyn <input type="checkbox"/> at Triton College, River Grove <input type="checkbox"/> at Memorial Medical Center, Springfield
<input type="checkbox"/> <b>Business Administration (Associate of Arts):</b> <input type="checkbox"/> Weekend College <input type="checkbox"/> Moser Learning Team	<input type="checkbox"/> <b>Organizational Leadership:</b> <input type="checkbox"/> Weekend College <input type="checkbox"/> Moser Learning Team	
<input type="checkbox"/> <b>Finance:</b> <input type="checkbox"/> Evening Learning Team		

## CITIZENSHIP INFORMATION — MUST BE COMPLETED

Are you a U.S. citizen?  Yes  No

If yes, check one:  By birth  By naturalization (naturalization certificate number: \_\_\_\_\_)

If no, are you a U.S. permanent resident/immigrant/green card holder?  Yes  No If yes, please attach a copy of your permanent residency card.

If you are not a U.S. citizen/permanent resident, then please check the appropriate box to indicate your eligible non-citizen status in the U.S.  
 conditional permanent resident (I-551C)  Refugee  Asylum Granted  Indefinite Parole  Humanitarian Parole  Cuban Haitian Entrant

*If you have checked one of the boxes above, please attach a copy (both sides) of your alien registration card, temporary resident card or other USCIS document indicating approval of current visa status. If you have checked none of the boxes above, then please fill out our International Student Application.*

## FINANCIAL AID INFORMATION — MUST BE COMPLETED

**WAIVER OF FINANCIAL ASSISTANCE**  
I am not interested in financial assistance. I do not plan to submit a Free Application for Federal Student Aid (FAFSA). X \_\_\_\_\_  
Signature

**NEED-BASED FINANCIAL AID**  
I would like to be considered for any form of assistance for which I qualify, including student loans. I understand that it is necessary to file the FAFSA to qualify for need-based financial aid. X \_\_\_\_\_  
Signature

Have you filed the FAFSA?  No  Yes Date Filed \_\_\_\_\_

How do you plan to finance your education?  
 Personal  
 Employer tuition reimbursement  
If so, how much? \_\_\_\_\_ Does this include books?  No  Yes

*If you receive scholarships from outside sources, you must notify financial aid.*

## EMPLOYER INFORMATION

ARE YOU CURRENTLY EMPLOYED?  NO  YES  FULL TIME  PART TIME

EMPLOYER/COMPANY NAME

POSITION

TELEPHONE

WORK E-MAIL (OPTIONAL)

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

COUNTRY

## APPLICATION INFORMATION

1. Students applying for admission to the adult accelerated undergraduate programs must be 22 years of age.
2. Students must have two years of full time work experience.
3. Students must have graduated from high school or completed the GED.
4. Send all materials to: Enrollment Center, Benedictine University, 5700 College Road, Lisle, IL 60532.
5. A personal interview with an admissions counselor is generally advisable and occasionally required.
6. **Official** transcripts bearing the signature of the registrar and the institutional seal must be issued by direct mail from the institution to Benedictine University's Enrollment Center.
7. You will be considered for admission as soon as all of your credentials are received.

## APPLICANTS CHECKLIST

### APPLICANTS PLEASE REVIEW CHECKLIST:

- Application for admission and \$40 application fee (non-refundable).
- Official** transcripts from ALL colleges in which you previously enrolled.
- Official** high school transcripts for applicants without college credit or less than 20 transferrable semester hours from other colleges or universities.
- Foreign credit must be evaluated by Educational Credential Evaluators (ECE) at [www.ece.org](http://www.ece.org). A form is available in the Enrollment Center. "Subject Analysis" of transfer credit is required and prepared by this firm.

## READ CAREFULLY AND SIGN AS INDICATED

I AGREE TO COMPLY WITH THE REGULATIONS AND REQUIREMENTS OF BENEDICTINE UNIVERSITY, AND TO COOPERATE WITH THE ADMINISTRATIVE OFFICERS, FACULTY AND MY FELLOW STUDENTS IN MAINTAINING HIGH STANDARDS OF CONDUCT AND SCHOLARSHIP AND IN PROMOTING THE GENERAL WELFARE OF THE UNIVERSITY. I UNDERSTAND THAT THE UNIVERSITY RESERVES THE RIGHT TO CANCEL THE REGISTRATION OF ANY STUDENT AT ANY TIME WHATSOEVER FOR REASON OF DEFICIENCY IN SCHOLARSHIP, UNSATISFACTORY CONDUCT OR FOR ANY OTHER JUST CAUSE. I AGREE TO PAY ALL FEES IN ADVANCE EACH TERM OR BY SPECIAL ARRANGEMENT WITH THE UNIVERSITY. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TO THE BEST OF MY KNOWLEDGE CORRECT AND COMPLETE. FAILURE TO PRESENT ACCURATE INFORMATION IN THIS DOCUMENT CAN LEAD TO THE DENIAL OF ADMISSION, REVOKING OF ADMISSION OR ADMINISTRATIVE WITHDRAWAL FROM COURSE ENROLLMENT.

I HEREBY AUTHORIZE BENEDICTINE TO INVESTIGATE ANY STATEMENT CONTAINED IN THIS APPLICATION. I HEREBY RELEASE ANY PARTY FROM LIABILITY AS A RESULT OF ANY INFORMATION PROVIDED TO BENEDICTINE. IT IS UNDERSTOOD THAT I ACCEPT REGISTRATION AS A STUDENT AT BENEDICTINE SUBJECT TO THE ABOVE PROVISIONS.

I UNDERSTAND THAT I MAY BE PHOTOGRAPHED OR VIDEOTAPED WHILE AT BENEDICTINE UNIVERSITY. I GIVE PERMISSION FOR PHOTOS OR VIDEOTAPE OF ME TO BE USED TO PROMOTE BENEDICTINE UNIVERSITY AND THAT SUCH PHOTOS AND VIDEO WILL BE THE PROPERTY OF BENEDICTINE UNIVERSITY. I ALSO GIVE PERMISSION FOR INFORMATION ABOUT MY ACCOMPLISHMENTS WHILE A STUDENT AT BENEDICTINE UNIVERSITY TO BE USED TO PROMOTE BENEDICTINE UNIVERSITY.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

