



Benedictine University®

ADULT UNDERGRADUATE AND GRADUATE CERTIFICATE PROGRAMS

Certificate Program Application

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 Web Address: www.ben.edu

GENERAL INFORMATION					
LAST NAME	FIRST	MIDDLE	MAIDEN (IF ANY)	TELEPHONE	ALTERNATIVE TELEPHONE (CELL)
STREET ADDRESS				SOCIAL SECURITY NUMBER	
CITY		STATE	9-DIGIT ZIP CODE	E-MAIL ADDRESS	
COUNTY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY (optional)		NAME OF HIGH SCHOOL	
RELIGION (OPTIONAL)	DATE OF BIRTH (mm/dd/yy)		MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED (undergraduate applicants only)		
NAME(S) OF ALL COLLEGE(S) ENROLLED		LOCATION	DATES ENROLLED	DIPLOMA/DEGREE	
PLEASE LIST THE NAMES OF ALL COLLEGES AND UNIVERSITIES IN WHICH YOU PREVIOUSLY ENROLLED AS A PART OF UNDERGRADUATE AND/OR GRADUATE 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.					
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.					
ENROLLMENT INFORMATION					
When do you expect to enter Benedictine University? <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____					
I will be a: <input type="checkbox"/> Full-Time Student (eight quarter hours/six semester hours or more) <input type="checkbox"/> Part-Time Student (seven quarter hours/five semester hours or less)					
Have you ever enrolled at Benedictine University? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates Enrolled _____					

GRADUATE CERTIFICATE PROGRAMS

Master of Business Administration (M.B.A.)

- Accounting
- Advanced Accounting
- Auditing
- Business Administration
- Entrepreneurship and Managing Innovation
- Financial Management
- Forensic Accounting
- Human Resource Management
- Information Systems Management
- Marketing
- Operations Management and Logistics
- Organization Development
- Project Management
- Sustainable Business and Leadership

Master of Education (M.Ed.)

- Advanced Studies in Education
(for certified teachers)

Master of Public Health (M.P.H.)

- Disaster Management
- Health Education and Promotion
- Health Management and Policy

Master of Science in Accountancy (M.S.A.)

- Auditing
- Forensic Accounting

Master of Science in Management Information Systems (M.S.M.I.S.)

- Business Analyst
- Electronic Commerce
- Health Information Systems Management
- Information Systems Management
- Information Systems Security
- Project Management

Master of Science in Management and Organizational Behavior (M.S.M.O.B.)

- Health Administration
- Human Resource Management
- Management in a Professional Technical Environment
- Organization Development and Consulting
- Professional Practice Management
- Service Management
- Training and Development
- Quality Performance Excellence

I UNDERSTAND THAT I MUST MEET THE DEPARTMENT REQUIREMENTS FOR THIS PROGRAM AS LISTED IN THE UNIVERSITY CATALOG WHICH IS IN EFFECT WHEN I TAKE MY FIRST COURSE. I UNDERSTAND THAT THESE REQUIREMENTS WILL BE IN EFFECT AS LONG AS I ENROLL IN ONE COURSE, APPLICABLE TO THIS PROGRAM, EVERY TERM, OR HAVE A VALID LEAVE OF ABSENCE FORM ON FILE. NOTE: PLEASE NOTIFY THE REGISTRAR THE TERM PRIOR TO COMPLETION OF THESE REQUIREMENTS. YOUR RECORD WILL BE FORMALLY AUDITED AT THAT TIME. YOU WILL BE AWARDED YOUR CERTIFICATE AT THE COMPLETION OF ALL PROGRAM REQUIREMENTS.

ADULT UNDERGRADUATE CERTIFICATE PROGRAMS

- Forensic Accounting
- Theology in Life

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

APPLICANTS CHECKLIST

APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Send the Certificate Program Application with \$30 non-refundable application fee and all other materials to: Enrollment Center, Benedictine University, 5700 College Road, Lisle, IL 60532.
2. Transcripts listing high school or equivalent (for adult undergraduate applicants) or baccalaureate (for graduate applicants) degree conferral must be submitted to Benedictine University's Enrollment Center. Please note, should you wish to apply to a degree-seeking program, official transcripts from all colleges/universities previously attended will be required (in addition to other materials required for those programs).
3. You will be considered for admission as soon as all of your credentials are received.

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 _____