



Benedictine
University®

**TRADITIONAL UNDERGRADUATE
AND ADULT UNDERGRADUATE
DEGREE PROGRAMS**

**Second Major
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 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	
NAME(S) OF ALL COLLEGE(S) ENROLLED		LOCATION	DATES ENROLLED	DIPLOMA/DEGREE	

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.

HAVE YOU EVER PLEADED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF, A FELONY? YES 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)
Have you ever enrolled at Benedictine University? No Yes Dates Enrolled _____

TRADITIONAL UNDERGRADUATE ACADEMIC INFORMATION

PLEASE INDICATE CHOICE OF SECOND MAJOR FIELD			PRE-PROFESSIONAL HEALTH PROGRAMS (also select a major)
College of Business <input type="checkbox"/> Accounting* <input type="checkbox"/> Business and Economics#* <input type="checkbox"/> Business with Science Applications <input type="checkbox"/> Economics <input type="checkbox"/> Finance* <input type="checkbox"/> International Business and Economics <input type="checkbox"/> Management and Organizational Behavior* <input type="checkbox"/> Marketing* <input type="checkbox"/> Undecided Business	College of Liberal Arts <input type="checkbox"/> Bilingual Journalism <input type="checkbox"/> Communication Arts* <input type="checkbox"/> English Language and Literature# <input type="checkbox"/> Fine Arts <input type="checkbox"/> Global Studies* <input type="checkbox"/> History <input type="checkbox"/> International Studies* <input type="checkbox"/> Medical Humanities <input type="checkbox"/> Music* <input type="checkbox"/> Philosophy <input type="checkbox"/> Political Science* <input type="checkbox"/> Psychology <input type="checkbox"/> Social Science# <input type="checkbox"/> Sociology* <input type="checkbox"/> Spanish# <input type="checkbox"/> Studio Art <input type="checkbox"/> Theology <input type="checkbox"/> Writing and Publishing <input type="checkbox"/> Undecided Liberal Arts	College of Science <input type="checkbox"/> Biochemistry/Molecular Biology <input type="checkbox"/> Biology# (BS) <input type="checkbox"/> Biology (BA) <input type="checkbox"/> Chemistry# <input type="checkbox"/> Clinical Laboratory Science <input type="checkbox"/> Computer Information Systems <input type="checkbox"/> Computer Science <input type="checkbox"/> Diagnostic Medical Sonography <input type="checkbox"/> Engineering Science <input type="checkbox"/> Environmental Science <input type="checkbox"/> Health Science <input type="checkbox"/> Mathematics#* <input type="checkbox"/> Nuclear Medicine Technology <input type="checkbox"/> Physics#* <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Undecided Science <input type="checkbox"/> Undecided	<input type="checkbox"/> Pre-Chiropractic <input type="checkbox"/> Pre-Dentistry <input type="checkbox"/> Pre-Medicine <input type="checkbox"/> Pre-Occupational Therapy <input type="checkbox"/> Pre-Optometry <input type="checkbox"/> Pre-Pharmacy <input type="checkbox"/> Pre-Physical Therapy <input type="checkbox"/> Pre-Podiatry <input type="checkbox"/> Pre-Veterinary Medicine Do you plan to teach? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education (select one)

For those who have previously earned a degree from Benedictine University, some stipulations may apply.

* Concentration available - please specify _____ (see catalog, select majors only)

Teacher certification available

^ Students who wish to teach secondary education must major in a specified subject

I UNDERSTAND THAT I MUST MEET THE DEPARTMENT REQUIREMENTS FOR THIS MAJOR 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 MAJOR, EVERY SEMESTER, 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 SECOND MAJOR CERTIFICATE AT THE COMPLETION OF ALL MAJOR REQUIREMENTS.

ADULT UNDERGRADUATE ACADEMIC INFORMATION

Accounting Finance Management Nursing (RN required) Organizational Leadership

EMPLOYER INFORMATION

ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
EMPLOYER/COMPANY NAME	POSITION	
TELEPHONE	WORK E-MAIL (OPTIONAL)	
ADDRESS		
CITY	STATE	ZIP CODE
COUNTY	COUNTRY	

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 SEMESTER 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 VIDEOTAPE 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 _____

Signature of Parent or Guardian* _____ Date _____

*Required if applicant is 17 years of age or younger