



Benedictine University

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 Web Address: www.ben.edu

GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	MAIDEN (IF ANY)	TELEPHONE	CELL PHONE
STREET ADDRESS				SOCIAL SECURITY NUMBER	
CITY			STATE	9-DIGIT ZIP CODE	
COUNTY			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY (for scholarship opportunities)	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		NAME OF HIGH SCHOOL		RELIGION (OPTIONAL)	DATE OF BIRTH (mm/dd/yy)
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.					
NAME(S) OF ALL COLLEGE(S) ENROLLED (UNDERGRADUATE & GRADUATE LEVEL)		LOCATION	DATES ENROLLED	DEGREE CONFERRED	MAJOR
					MINOR
					GPA
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 or Commuter

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

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 _____

I am a participant of the 2+2 (2 years at Springfield College in Illinois + 2 years at Benedictine) agreement. No Yes

I am a participant of the 2+2 (2 years at College of DuPage + 2 years at Benedictine) agreement. No Yes

ACADEMIC INFORMATION

<p>College of Business</p> <input type="checkbox"/> Accounting* <input type="checkbox"/> Business and Economics* <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 <p>College of Education and Health Services</p> <input type="checkbox"/> Elementary Education <input type="checkbox"/> Nutrition* <input type="checkbox"/> Physical Education+ <input type="checkbox"/> Secondary Education^ <input type="checkbox"/> Special Education <input type="checkbox"/> Undecided Education and Health Services	<p style="text-align: center;">PLEASE INDICATE CHOICE OF MAJOR FIELD</p> <p>College of Liberal Arts</p> <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"/> 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	<p>College of Science</p> <input type="checkbox"/> Biochemistry/Molecular Biology <input type="checkbox"/> Biology# <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 <div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 2px;"> <input type="checkbox"/> Undecided </div>	<p>PRE-PROFESSIONAL HEALTH PROGRAMS (also select a major)</p> <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"/> I am applying to the Dual Acceptance program with Midwestern University <input type="checkbox"/> Pre-Physical Therapy <input type="checkbox"/> Pre-Podiatry <input type="checkbox"/> Pre-Veterinary Medicine <p>Do you plan to teach?</p> <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 <p style="text-align: center;">(select one)</p>
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* 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

+ This program is awaiting official approval from the Illinois State Board of Education

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 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 _____

Signature of Parent or Guardian* _____ Date _____

*Required if applicant is 17 years of age or younger

FINANCIAL AID INFORMATION (please ✓ ONE box and complete information requested)

NEED-BASED FINANCIAL AID

I would like to be considered for any form of assistance for which I qualify, including scholarships and student loans. I understand that it is necessary to file the Free Application for Federal Student Aid (FAFSA) to qualify for need-based financial aid.

Signature

Have you filed the FAFSA? No Yes Date Filed _____

SCHOLARSHIPS ONLY

I would like to be considered for a scholarship on a merit basis only. I do not intend to file a FAFSA for need-based assistance (including loans).

Signature

Are you a member of the *Phi Theta Kappa* International Honor Society? No Yes

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

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.

FAMILY INFORMATION

FATHER SINGLE MARRIED DIVORCED SEPARATED DECEASED

MOTHER SINGLE MARRIED DIVORCED SEPARATED DECEASED

LAST NAME FIRST NAME

LAST NAME FIRST NAME

STREET ADDRESS COUNTY

STREET ADDRESS COUNTY

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE E-MAIL ADDRESS

TELEPHONE E-MAIL ADDRESS

EMPLOYER JOB TITLE

EMPLOYER JOB TITLE

ADDRESS/CITY/STATE WORK PHONE

ADDRESS/CITY/STATE WORK PHONE

PLEASE COMPLETE THIS SECTION IF YOUR PARENT(S) IS AN ALUMNUS OF BENEDICTINE UNIVERSITY, IF YOU ARE A RELATIVE OF A ST. PROCOPIUS MONK OR IF YOU HAVE A SIBLING THAT CURRENTLY ATTENDS OR HAS GRADUATED FROM BENEDICTINE UNIVERSITY.

Name Relationship Dates Attended

ATHLETICS

Do you currently participate in varsity athletics? No Yes

Are you interested in participating in intercollegiate sports at Benedictine University? No Yes

Please indicate the primary and secondary sport in which you wish to participate (W = Women's, M = Men's):

M Baseball W Basketball M Basketball WM Cross Country M Football W Golf M Golf W Soccer
 M Soccer W Softball W Tennis WM Track and Field W Volleyball

Please list all sports in which you are involved and indicate level/position/awards. Attach a separate sheet, if needed.

EXTRACURRICULAR ACTIVITIES

Please list all school, church and community activities you are involved in. Please do not abbreviate the names of clubs or organizations. Attach a separate sheet, if needed.

Are you interested in participating in extracurricular activities at Benedictine University? No Yes

Are you currently employed? No Yes Part Time Full Time

Occupation _____ Work Phone _____ Employer _____

Are you interested in participating in the Army ROTC Program at Benedictine University? No Yes

Are you interested in on campus employment? No Yes

Applicants please note the following:

- Send all materials to: Enrollment Center, Benedictine University, 5700 College Road, Lisle, IL 60532.
- A personal interview with an admissions counselor is generally advisable and occasionally required.
- 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. These must arrive in a sealed envelope to be considered official.
- You will be considered for admission as soon as all of your credentials are received.
- You may be required to submit a personal statement prior to admissions decision.

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 FRESHMEN applicants only*
- Official** copy of ACT, SAT or TOEFL Test Scores*
- Recommendation form completed by your high school counselor for FRESHMEN applicants only
- Application for (or Waiver of) Financial Aid (see Financial Aid section)
- Foreign credit must be evaluated by Educational Credential Evaluators (ECE) at www.ece.org. A form is available in the Enrollment Center. "Subject Analysis" of transfer credit is required and prepared by this firm.

*High school transcripts and (ACT or SAT) test scores required for transfer students with less than 20 transferrable semester hours.

