Application For Admission

5700 College Road, Lisle, Illinois 60532
Enrollment Center Phone: (630) 829-6300
Outside Illinois: (888) 829-6363  FAX: (630) 829-6301
Email: admissions@ben.edu  Web Address: ben.edu

Benedictine University®

UNDERGRADUATE
DEGREE PROGRAMS

2015-2016
Applications please note the following:

1. Send all materials to: Enrollment Center, Benedictine University, 5700 College Road, Lisle, IL 60532.
2. A personal interview with an admissions counselor is generally advisable and occasionally required.
3. Official transcripts bearing the signature of the registrar and the institutional seal must be issued either by direct mail or electronically from the institution to Benedictine University’s Enrollment Center. Transcripts must arrive in either a sealed envelope or be submitted electronically to e-transcripts@ben.edu (Freshman applicants) or e-transcripts@ben.edu (Transfer applicants) to be considered official.
4. You will be considered for admission as soon as all of your credentials are received.
5. You may be required to submit a personal statement prior to an admission decision. Your admissions counselor will provide more information.
6. All documents submitted become property of Benedictine University and will not be released to the student or any third-party.
7. Students with a documented physical or mental disability may be eligible for special accommodations through the Americans with Disabilities Act. Please contact the Student Success Center for more information.

Applicants please review checklist:

- Application for admission and $40 application fee (non-refundable)
- Official and sealed 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 (if on official transcript from high school, scores are considered official)
- Recommendation form completed by your high school counselor for freshmen applicants only (recommended and may be required).
- Foreign credit must be evaluated by Educational Credential Evaluators (ECE) at www.ece.org or Educational Perspectives at www.edperspective.org. A “Subject Analysis” (ECE) or a “Detailed Analysis” (Educational Perspectives) of transfer credit is required and to be prepared by one of these firms.

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

GENERAL INFORMATION

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<tr>
<th>LAST NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>CELL PHONE</th>
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<tr>
<td>OTHER NAMES</td>
<td>MAIDEN (IF ANY)</td>
<td>TELEPHONE</td>
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<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>9-DIGIT ZIP CODE</td>
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<tr>
<td>EMAIL ADDRESS</td>
<td>COUNTY</td>
<td>MALE</td>
<td>FEMALE</td>
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| ARE YOU A FIRST GENERATION COLLEGE STUDENT? ☐ NO ☐ YES
First generation students are those students whose parents or siblings have not completed a college degree. | ETHNICITY | RELIGION |
| Are you a veteran or currently serving in the military? ☐ No ☐ Yes |
| Is English the primary language spoken in the home? ☐ No ☐ Yes
If no, please state language ________________________________ |
| Have you ever pleaded “guilty” or “no contest” to, or been convicted of, a felony? ☐ No ☐ Yes
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.

EDUCATIONAL HISTORY

<table>
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<tr>
<th>NAME OF HIGH SCHOOL</th>
<th>MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED</th>
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IMPORTANT: Failure to list below all secondary schools, universities and post-secondary institutions in which you enrolled (including correspondence and extension courses) may result in delay of admission, loss of transfer credit, and/or dismissal. It is the applicant’s responsibility to have official transcripts forwarded from each institution in which you enrolled. An official transcript is required even if enrollment was for a brief time and no credit was established.

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<tr>
<th>NAME(S) OF ALL COLLEGE(S) ENROLLED AND CITY/STATE</th>
<th>DATES ENROLLED</th>
<th>DEGREE CONFERRED</th>
<th>MAJOR</th>
<th>MINOR</th>
<th>GPA</th>
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<td>(Undergraduate &amp; Graduate Level)</td>
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Will you have a bachelor’s degree completed prior to enrollment at Benedictine University? ☐ No ☐ Yes

I understand that I must disclose all schools enrolled and failure to do so can lead to the denial of admissions, revoking of admission or administrative withdrawal from course enrollment.

Signature __________________________________________

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

Have you ever enrolled at Benedictine University? ☐ No ☐ Yes If yes, dates enrolled

Have you ever been suspended, placed on probation or dismissed from any high school or college? ☐ No ☐ Yes

If yes, please explain the following on a separate sheet of paper: date of occurrence, summary of incident, how you were held accountable (outcomes, sanctions, etc.) and any additional information you wish to provide. Please note: additional information may be requested.

Are you a member of the Phi Theta Kappa International Honor Society? ☐ No ☐ Yes
ADMISSIONS INFORMATION

When do you expect to enter Benedictine University? ☐ Fall ☐ Spring ☐ Summer Year ___________
I will be: ☐ Full-Time Student (12 hours or more) ☐ Part-Time Student (11 hours or less)
On what campus do you plan to attend? ☐ Lisle, IL ☐ Mesa, AZ
I will be: ☐ Campus Resident ☐ Commuter
Have you taken or will you take? ☐ ACT ______/______ ☐ SAT ______/______
(indicate most recent)

FINANCIAL AID INFORMATION (please ✔ ONE box)

☐ I HAVE FILED the Free Application for Federal Student Aid (FAFSA).
☐ I INTEND TO FILE the Free Application for Federal Student Aid (FAFSA).
☐ I DO NOT INTEND TO FILE the Free Application for Federal Student Aid (FAFSA) and plan to finance my education out-of-pocket.

Please note that the FAFSA MUST BE filed in order to be considered for state and federal grants and loans. Benedictine’s school code is 001767.

CONTACT INFORMATION
Full Name (first, last): ___________________________________________
Address: _______________________________________________________
City, State, Zip: _________________________________________________
Phone: _________________________________________________________
E-mail: _________________________________________________________

ACADEMIC INFORMATION

Concentration – please specify ________________________________________________ (see catalog, select majors only)

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.:

☐ 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? ☐ No ☐ Yes 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.:

☐ Asylum Granted ☐ Conditional permanent resident (I-551C) ☐ Cuban Haitian Entrant ☐ Humanitarian Parole
☐ Indefinite Parole ☐ Refugee ☐ Other ______________________

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.

PRE-PROFESSIONAL HEALTH PROGRAMS
(Also select a major)

☐ Pre-Chiropractic ☐ Pre-Dentistry ☐ Pre-Medicine
☐ Pre-Occupational Therapy ☐ Pre-Optometry ☐ Pre-Pharmacy
☐ I am applying to the Dual Acceptance pharmacy program with Midwestern University
☐ Pre-Physical Therapy ☐ Pre-Physician Assistant ☐ Pre-Podiatry
☐ Pre-Veterinary Medicine

Do you plan to teach?
☐ No ☐ Yes ☐ Undecided

☐ Elementary ☐ Secondary ☐ Special Education

(Select one)
FAMILY INFORMATION

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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.

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<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>DATES ATTENDED</th>
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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   ☐ M Basketball   ☐ W Basketball   ☐ W Cheerleading   ☐ MW Cross Country   ☐ W Dance   ☐ M Football   ☐ M Golf   ☐ W Golf
☐ M Lacrosse   ☐ W Lacrosse   ☐ M Soccer   ☐ W Soccer   ☐ W Softball   ☐ W Tennis   ☐ MW Track & Field (indoor & outdoor)   ☐ M Volleyball   ☐ 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

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

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

☐ Are you interested in participating in one of our music programs? ☐ Band ☐ Choir ☐ Orchestra ☐ Pep Band ☐ Marching Band

Have you ever attended a sports or academic camp at Benedictine University? ☐ No ☐ Yes If yes, please list which one(s) ________________________

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 COMMUNICATIONS, INCLUDING UNIVERSITY FINANCIAL/STUDENT LOAN INFORMATION AND OTHER NOTIFICATIONS WILL BE SENT VIA MY BENU EMAIL ACCOUNT. I ACCEPT RESPONSIBILITY TO MAINTAIN SAID ACCOUNT. (IF YOU PREFER TO RECEIVE PAPER NOTIFICATION, PLEASE SUBMIT A WRITTEN STATEMENT TO THE OFFICE OF FINANCIAL AID.)

I GIVE BENEDICTINE UNIVERSITY PERMISSION TO USE MY LIKENESS IN PHOTOGRAPHS AND/OR VIDEO IN ANY AND ALL OF ITS PUBLICATIONS, INCLUDING WEBSITES AND PAGES, AND IN ANY AND ALL MEDIA, WHETHER NOW KNOWN OR HEREAFTER EXISTING, CONTROLLED BY BENEDICTINE UNIVERSITY, IN PERPETUITY, AND FOR OTHER USE BY THE UNIVERSITY INCLUDING BUT NOT LIMITED TO PROMOTING THE UNIVERSITY AND ITS PROGRAMS AND ACTIVITIES. ALL PHOTOS TAKEN ARE WITHOUT COMPENSATION TO ME (THE UNDERSIGNED). ALL ELECTRONIC OR NON-ELECTRONIC NEGATIVES, POSITIVES AND PRINTS ARE OWNED BY THE UNIVERSITY.

I HEREBY ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER AND HAVE READ AND UNDERSTAND THE TERMS OF THIS APPLICATION AND RELEASE.

Signature of Applicant ________________________ Date ________________________

Signature of Parent or Guardian* ________________________ Date ________________________

*Required if applicant is 17 years of age or younger