



ADULT ACCELERATED UNDERGRADUATE DEGREE PROGRAMS

Application For Admission

Main Campus:

5700 College Road, Lisle, IL 60532
Phone: (630) 829-2277 Fax: (630) 829-6371

Chicago and Suburbs:

Bellwood Learning Center
407 North Mannheim Road, Bellwood, IL 60104
Phone: (708) 649-3411 Fax: (708) 649-3094

Central Illinois:

Benedictine University at Springfield
1500 North 5th Street, Springfield, IL 62702
Phone: (217) 718-5002 Fax: (217) 528-9959

Southwest Arizona:

Benedictine University at Mesa
225 East Main Street, Mesa, AZ 85201
Phone: (602) 888-5517 Fax: (602) 888-7511

Email: nationalenrollment@ben.edu **Web Address:** ben.edu/gradadult
Toll-free: (877) 353-9622

Fee Code
ADM staff approval
Date

APPLICATION INFORMATION AND CHECKLIST

- | | | |
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| <ol style="list-style-type: none"> 1. Students applying for admission to the adult accelerated learning team programs must be 22 years of age. 2. Learning team students must have two years of full time work experience. 3. Send all materials to the appropriate regional School of Graduate, Adult and Professional Education office. 4. A personal interview with an admissions counselor is generally advisable and occasionally required. 5. Your school(s) may be approved to send official transcripts electronically to Benedictine University. If so please have them sent directly to adultenrollment@ben.edu. We will confirm acceptance of official documents upon receipt. 6. You will be considered for admission as soon as all of your credentials are received. | <ol style="list-style-type: none"> 7. All documents submitted become property of Benedictine University and will not be released to the student or any third-party. 8. Students with a documented physical or mental disability may be eligible for special accommodations through the Americans with Disabilities Act. For more information, please contact the Academic and Career Enrichment Center for your location. 9. Students applying to the Bachelor of Science in Nursing program must provide a copy of a valid, unencumbered Illinois nursing license and one professional letter of recommendation (form provided). <p>APPLICANTS PLEASE REVIEW:</p> <p><input type="checkbox"/> Application for admission and \$40 application fee (non-refundable).</p> | <p><input type="checkbox"/> Official transcripts from ALL colleges in which you previously enrolled.</p> <p><input type="checkbox"/> Some students may be required to submit an official copy of high school transcripts, high school diploma or GED certificate.</p> <p><input type="checkbox"/> Foreign credit must be evaluated by Educational Perspectives at edperspective.org/benedictine or Education Credential Evaluators (ECE) at ece.org. Depending on the evaluator, either a "course by course" or "detailed" evaluation must be obtained. We require that an official report be sent directly from the evaluator to Benedictine University. Please contact the appropriate regional School of Graduate, Adult and Professional Education Office for more information.</p> <p><input type="checkbox"/> Nursing students can submit Commission on Graduates of Foreign Nursing Schools (CGFNS) evaluation of foreign nursing education.</p> |
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GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	CELL TELEPHONE
OTHER NAMES	MAIDEN (IF ANY)		HOME/WORK TELEPHONE
STREET ADDRESS			SOCIAL SECURITY NUMBER
CITY	STATE	9-DIGIT ZIP CODE	EMAIL ADDRESS
COUNTY	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELIGION
Are you a first generation college student? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>First generation students are those whose parents or siblings have not completed a college degree.</i>			DATE OF BIRTH (MM/DD/YY)
Is English the primary language spoken in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes			ETHNICITY

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

NAME OF HIGH SCHOOL	CITY/STATE OF HIGH SCHOOL	MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED
<p>IMPORTANT: FAILURE TO LIST BELOW ALL SECONDARY SCHOOLS, UNIVERSITIES AND POST-SECONDARY INSTITUTIONS IN WHICH YOU ENROLLED (INCLUDING FOREIGN SCHOOLS, CORRESPONDENCE AND EXTENSION COURSES) MAY RESULT IN DELAY IN 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.</p>		
NAME(S) OF ALL COLLEGE(S) ENROLLED <small>(Undergraduate & Graduate Level)</small>	LOCATION	DATES ENROLLED <small>(check box if last school attended)</small>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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 _____

If yes, have you attempted any college credit since attending Benedictine University? No Yes

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.

ADMISSIONS INFORMATION

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

At what location do you plan to attend?

Lisle Main Campus Chicago & Suburbs Springfield/Central Illinois Mesa/Southwest Arizona Other _____

Bachelor of Science in Nursing applicants only, on what campus do you plan to attend?

Benedictine University Lisle campus College of DuPage, Glen Ellyn Harper College, Palatine Memorial Medical Center, Springfield
 Morton College, Cicero Triton College, River Grove Richland Community College, Decatur Other _____

Illinois nursing license number: _____

Note: The Bachelor of Business Administration is only offered on the Lisle campus.

How did you hear about Benedictine University? _____

ACADEMIC INFORMATION

PLEASE INDICATE CHOICE OF MAJOR FIELD

Bachelor of Business Administration

- Accounting
- Business Analytics
- Finance

Benedictine University/College of DuPage Partnership Bachelor of Arts in Management

Bachelor of Arts

- Criminal Justice
- Management
- Organizational Leadership
- Psychology

Bachelor of Science

- Nursing (RN license required)

Academic Certificates

- Digital Marketing for the Working Professional
- Advanced Digital Marketing for the Working Professional
- Diversity and Criminology
- Human Resource Management
- Marketing
- Other

UNDERGRADUATE STUDENT AT LARGE APPLICANTS - ACADEMIC CERTIFICATES ONLY

Please indicate your reason for enrolling as a Student at Large:

Continuing education Professional development

Required course program at another school. Indicate school _____

I plan on applying to a Benedictine program. Planned major and degree _____

Other _____

CITIZENSHIP INFORMATION — MUST BE COMPLETED

Are you a U.S. citizen? No Yes

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 status in the U.S.:

- Asylum Granted Conditional permanent resident (I-551C) Cuban Haitian Entrant Humanitarian Parole
- Indefinite Parole Non-U.S. Citizen Refugee Other _____

If you plan on studying while under a visa or have not checked any of the boxes above, then please fill out the International Student application or contact the International Admissions Office.

At any time the International Admissions Office reserves the right to test the English writing and speaking skills of any incoming undergraduate student if the circumstances warrant it.

FINANCIAL AID INFORMATION — MUST BE COMPLETED

I HAVE FILED the Free Application for Federal Student Aid (FAFSA). Date Filed _____

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 qualify for state and federal grants and loans.

EMPLOYER INFORMATION — MUST BE COMPLETED AND/OR INCLUDE YOUR RESUME

Work experience 0-2 years 2+ years

Are you currently employed? No Yes Full Time Part Time

Are you a veteran or currently serving in the U.S. Military? No Yes

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

EMPLOYER/COMPANY NAME

POSITION

TELEPHONE

WORK EMAIL (OPTIONAL)

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

COUNTRY

LENGTH OF EMPLOYMENT

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

Does your employer provide tuition reimbursement? No Yes

Does your employer participate in a Benedictine-approved tuition discount program? No Yes

NON-DISCRIMINATION POLICY

In administering its affairs, Benedictine University does not discriminate against any person on the basis of race, creed, color, national or ethnic origin, sex, age, disability, military or veteran status, marital status, citizenship, or any other characteristic protected by applicable law. The laws applicable to Benedictine University include constitutional and statutory protections of the University's rights as a religiously sponsored institution.

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 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 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 _____