



**GRADUATE
AND
ADULT UNDERGRADUATE PROGRAMS**

**Certificate
and
Student at Large
Program Application**

Main Campus: 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

Application fee waiver code
ADM staff approval
Date

GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	CELL PHONE
OTHER NAMES	MAIDEN (IF ANY)		TELEPHONE
STREET ADDRESS			SOCIAL SECURITY NUMBER
CITY	STATE	9-DIGIT ZIP CODE	EMAIL ADDRESS
COUNTY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH (mm/dd/yy)
ARE YOU A FIRST GENERATION COLLEGE STUDENT? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>First generation students are those students whose parents or siblings have not completed a college degree.</i>		ETHNICITY	RELIGION

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.

ENROLLMENT INFORMATION

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

I will be a: Full-Time Student (eight quarter hours/six semester hours or more) Part-Time Student (seven quarter hours/five semester hours or less)

How did you hear about Benedictine University? _____

Have you visited the Benedictine University campus yet? No Yes

EDUCATIONAL HISTORY

NAME OF HIGH SCHOOL	CITY/STATE OF HIGH SCHOOL	MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED
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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. IT IS THE APPLICANT'S RESPONSIBILITY TO SUBMIT TRANSCRIPTS FROM ALL INSTITUTIONS WHERE A DEGREE WAS CONFERRED.

Graduate: transcripts listing baccalaureate degree and any other advanced degree conferral

Adult undergraduate: transcripts listing high school or equivalent degree conferral

NAME(S) OF ALL COLLEGE(S) ENROLLED AND CITY/STATE (Undergraduate & Graduate Level)	DATES ENROLLED (check box if last school attended)	DEGREE CONFERRED	MAJOR	MINOR	GPA
	<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

Will you have a postgraduate degree completed prior to enrollment at Benedictine University? No Yes

If yes, what degree? _____

I understand that I must disclose all schools enrolled and failure to do so can lead to the denial of admission, 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.

GRADUATE CERTIFICATE PROGRAMS

QUARTER CALENDAR:

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

- Accounting
- Advanced Accounting
- Business Administration
- Business Law
- Derivatives Trading
- Entrepreneurship and Managing Innovation
- Financial Management
- Integrated Marketing Communications
- International Management
- Operations Management and Logistics
- Project Management
- Sustainable Business and Leadership

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

- Emergency Preparedness
- Epidemiology
- Health Education and Promotion
- Health Management and Policy

Master of Science in Accountancy

- Auditing
- Forensic Accounting
- Taxation

Master of Science in Management Information Systems

- Business Analyst
- Business Analytics
- Electronic Commerce

- Health Information Systems Management
- Information Security
- Information Systems Management
- Integrated Marketing Communications
- Project Management

Master of Science in Management and Organizational Behavior

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

Other _____

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 PROGRAM

- Theology in Life

STUDENT AT LARGE APPLICANTS

- Undergraduate Student at Large Graduate Student at Large

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 _____

EMPLOYER INFORMATION

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	

Does your employer offer a tuition reimbursement plan? No Yes

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 Enrollment Center.

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

APPLICATION INFORMATION AND CHECKLIST

APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Send the Application with \$40 non-refundable application fee and all other materials to: Enrollment Center, Benedictine University, 5700 College Road, Lisle, IL 60532.
2. Graduate: transcripts listing baccalaureate degree and any other advanced degree conferral must be submitted to Benedictine University's Enrollment Center.
Adult undergraduate: transcripts listing high school or equivalent degree conferral must be submitted to Benedictine University's Enrollment Center.
3. 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). A maximum of 16 credit-hours will be considered for transferable credit for all degree programs at Benedictine University.
4. You will be considered for enrollment 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 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 OTHER 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.

Signature of Applicant _____ Date _____