



## **GRADUATE DEGREE PROGRAMS APPLICATION FOR ADMISSION**

### **Chicago and Suburbs:**

National Moser Center for Adult Learning  
1832 Centre Point Circle, Suite 102  
Naperville, IL 60563  
Phone: (877) 353-9622 Fax: (630) 829-6371

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) 528-9871

### **Southwest Arizona:**

Benedictine University at Mesa  
51 East Main Street, Suite 105, Mesa, AZ 85201  
Phone: (877) 353-9622 Fax: (630) 829-6371

**Email:** [adultenrollment@ben.edu](mailto:adultenrollment@ben.edu) **Web Address:** [ben.edu/moser](http://ben.edu/moser)

Application fee waiver code
ADM staff approval
Date

## APPLICATION INFORMATION AND CHECKLIST

### APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Students applying for admission to the adult accelerated undergraduate programs must be 22 years of age.
2. Send all materials to the appropriate regional National Moser Center Enrollment Office.
3. A personal interview with an admissions counselor is generally advisable and occasionally required.
4. 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](mailto:adultenrollment@ben.edu) and we will confirm acceptance of official documents upon receipt.
5. Students applying for admission to the adult accelerated graduate programs must have two years of full-time work experience; the Next Generation \$10K M.B.A. program requires five years.
6. You will be considered for admission as soon as all of your credentials are received.
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. Please contact the Student Success Center for your location.

### APPLICANTS PLEASE REVIEW:

- Application for admission and \$40 application fee (non-refundable)
- Official and sealed** transcripts from ALL colleges in which you previously enrolled
- Letters of reference (2 or 3 depending on program, forms provided)
- Foreign credit must be evaluated by Educational Perspectives at [www.edperspective.org/benedictine](http://www.edperspective.org/benedictine) or Education Credential Evaluators (ECE) at [www.ece.org](http://www.ece.org). ECE reports must be a "course by course" evaluation of transfer credit. An official evaluation must be sent directly from ECE to Benedictine University. Please contact the Enrollment Center for more information.
- Goals statement
- Resume – required for all graduate business programs
- Acknowledgment form (provided according to program)
- Copy of a valid Illinois Professional Educator License (PEL) is required for M.Ed. and ESL programs
- Test scores indicating passage of an Illinois test of Basic Skills are required for M.Ed.

## GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	DAYTIME TELEPHONE	HOME/CELL TELEPHONE
MAIDEN (IF ANY)	OTHER NAMES		SOCIAL SECURITY NUMBER	
STREET ADDRESS			EMAIL ADDRESS	
CITY	STATE	9-DIGIT ZIP CODE	RELIGION	
COUNTY	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YY)	
ETHNICITY				
Is English the primary language spoken in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes    If no, please state language _____				
Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a felony? <input type="checkbox"/> No <input type="checkbox"/> 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			
<b>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.</b>					
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? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Will you have a postgraduate degree completed prior to enrollment at Benedictine University? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, what degree? _____					
<b>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.</b>					
Signature _____					

## EDUCATIONAL HISTORY (continued)

Have you ever applied to any graduate program at 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 college or university?  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.

## 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 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 Office of International Programs and Services.**

## ACADEMIC INFORMATION

QUARTER CALENDAR:

- Master of Science in Management and Organizational Behavior
- Next Generation Master of Business Administration (M.B.A.)

SEMESTER CALENDAR:

- English as a Second Language (ESL)/Bilingual Endorsements
- Master of Education (M.Ed.) in Reading and Literacy (Reading Endorsement)

Please specify concentration if applicable:

\_\_\_\_\_ Other: \_\_\_\_\_

## ADMISSIONS INFORMATION

For which term and year are you applying? Quarter Calendar: Year \_\_\_\_\_  Fall (October)  Winter (January)  Spring (March)  Summer (June)  
Semester Calendar: Year \_\_\_\_\_  Fall (August)  Spring (January)  Summer (June)

At what location do you plan to attend?

Naperville  Bellwood  Springfield/Central Illinois  Mesa/Southwest Arizona  Other \_\_\_\_\_

How did you hear about Benedictine University? \_\_\_\_\_

## 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.*

## LETTERS OF REFERENCE

**ALL LETTERS OF REFERENCE MUST BE FROM PROFESSIONAL OR ACADEMIC SOURCES.**

• M.Ed. requires three letters of reference.

• All other programs require two letters of reference.

Please list the name, relationship and position of references below:

NAME	RELATIONSHIP	POSITION
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NAME	RELATIONSHIP	POSITION
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NAME	RELATIONSHIP	POSITION
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NAME	RELATIONSHIP	POSITION
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**EMPLOYER INFORMATION — MUST BE COMPLETED AND/OR INCLUDE YOUR RESUME**

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

COUNTY

COUNTRY

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

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Does your employer provide tuition reimbursement?  No  Yes

**ESSAY STATEMENT OF CAREER AND EDUCATIONAL GOALS — PLEASE ATTACH**

Please submit a one-to-two page typed essay/statement explaining your education and career goals. Identify what you expect to gain from your graduate degree program and how it will enable you to achieve your goals.

**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 \_\_\_\_\_