



Benedictine University

ADULT ACCELERATED UNDERGRADUATE DEGREE PROGRAMS

Application For Admission

Main Campus:

5700 College Road

Lisle, IL 60532

Phone: (630) 829-2277 Fax: (630) 829-6371

Toll-free: (877) 353-9622

Email: nationalenrollment@ben.edu **Web Address:** ben.edu/gradadult

Fee Code
ADM staff approval
Date

APPLICATION INFORMATION AND CHECKLIST

1. Send all materials to the Enrollment Office.
2. A personal interview with an admissions counselor is generally advisable and occasionally required.
3. Your school(s) may be approved to send official transcripts electronically to Benedictine University. If so please have them sent directly to nationalenrollment@ben.edu. We will confirm acceptance of official documents upon receipt.
4. You will be considered for admission as soon as all of your credentials are received.
5. All documents submitted become property of Benedictine University and will not be released to the student or any third-party.
6. 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.

APPLICANTS PLEASE REVIEW:

- Application for admission and \$40 application fee (non-refundable).
- Official transcripts from ALL colleges in which you previously enrolled.
- Some students may be required to submit an official copy of high school transcripts, high school diploma or GED certificate.
- Foreign credit must be evaluated by Educational Perspectives (EP) at edperspective.org/benedictine, Education

Education Credential Evaluators (ECE) at ece.org or World Education Services (WES) at wes.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 Enrollment Office for more information.

- Nursing students can submit Commission on Graduates of Foreign Nursing Schools (CGFNS) evaluation of foreign nursing education.

GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	MOBILE PHONE	OFFICE PHONE	HOME PHONE
OTHER NAMES		MAIDEN (IF ANY)	SOCIAL SECURITY NUMBER		
STREET ADDRESS			EMAIL ADDRESS		
CITY	STATE	9-DIGIT ZIP CODE	DATE OF BIRTH (MM/DD/YY)		
COUNTY	HOME COUNTRY		MARITAL STATUS		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		

Are you Hispanic/Latino? No Yes

Select one or more of the following races:

- AMERICAN INDIAN/ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN/PACIFIC ISLANDER
 WHITE

Religion:

- | | | | | | |
|-----------------------------------|---|-------------------------------------|--|---|--|
| <input type="checkbox"/> AGNOSTIC | <input type="checkbox"/> CHURCH OF CHRIST | <input type="checkbox"/> JUDAISM | <input type="checkbox"/> MUSLIM | <input type="checkbox"/> PRESBYTERIAN | <input type="checkbox"/> SEVENTH DAY ADVENT |
| <input type="checkbox"/> ATHEIST | <input type="checkbox"/> EASTERN ORTHODOX | <input type="checkbox"/> LDS MORMON | <input type="checkbox"/> NONE | <input type="checkbox"/> QUAKER | <input type="checkbox"/> UNITED CHURCH OF CHRIST |
| <input type="checkbox"/> BAPTIST | <input type="checkbox"/> EPISCOPAL | <input type="checkbox"/> LUTHERAN | <input type="checkbox"/> OTHER CHRISTIAN | <input type="checkbox"/> ROMAN CATHOLIC | <input type="checkbox"/> UNITARIAN UNIVERSAL |
| <input type="checkbox"/> BUDDHIST | <input type="checkbox"/> HINDU | <input type="checkbox"/> METHODIST | <input type="checkbox"/> OTHER RELIGION | <input type="checkbox"/> SIKH | <input type="checkbox"/> ZOROASTRIAN |

Are you a first generation college student? No Yes

First generation students are those whose parents or siblings have not completed a college degree.

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

NAME OF HIGH SCHOOL	CITY/STATE OF HIGH SCHOOL	MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED	
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.			
NAME(S) OF ALL COLLEGE(S) ENROLLED <small>(Undergraduate & Graduate Level)</small>	LOCATION	DATES ENROLLED <small>(Check box if last school attended)</small>	DIPLOMA/DEGREE
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

EDUCATIONAL HISTORY (continued)

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?

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

Bachelor of Science (B.S.) in Nursing (RN to BSN) applicants, select one:

College of DuPage, Glen Ellyn Morton College, Cicero Memorial Medical Center, Springfield Triton College, River Grove

Richland Community College, Decatur Other _____

Illinois nursing license number, if issued: _____

How did you hear about Benedictine University? _____

ACADEMIC INFORMATION

PLEASE INDICATE CHOICE OF MAJOR FIELD

Bachelor of Arts (B.A.)

- Criminal Justice
 - Concentration in Diversity and Criminology
 - Concentration in White Collar Crime
 - Emphasis in Human Resources Management
- Management
 - Concentration in Human Resources Management
 - Emphasis in Diversity and Criminology
 - Emphasis in White Collar Crime
- Organizational Leadership
 - Concentration in Human Resources Management
 - Emphasis in Diversity and Criminology
 - Emphasis in White Collar Crime
- Psychology
 - Emphasis in Diversity and Criminology
 - Emphasis in Human Resources Management
 - Emphasis in White Collar Crime

Bachelor of Business Administration (B.B.A.)

- Accounting
- Business Analytics
- Finance
- Concentration in Diversity and Criminology
- Concentration in White Collar Crime
- Emphasis in Human Resources Management

Bachelor of Science (B.S.)

- Nursing (RN to BSN)

Benedictine University/College of DuPage Partnership Bachelor of Arts (B.A.) in Management

Benedictine University/Morton College Partnership Bachelor of Arts (B.A.) in Management

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 alliance? 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 _____