



Benedictine University®

GRADUATE

Application For Admission

5700 College Road, Lisle, Illinois 60532

Phone: (630) 829-2277

Fax: (630) 829-6371

Email: gradadult@ben.edu

Web Address: ben.edu/gradadult

APPLICATION INFORMATION AND CHECKLIST

APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Send all materials to the Lownik Enrollment Center ATTN: Adult and Graduate Admissions
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 gradadult@ben.edu and 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.

APPLICANTS PLEASE REVIEW:

- Application for admission and \$40 application fee (non-refundable)
- Official and sealed** transcripts from all previously attended institutions, including Bachelor degree conferral from a regionally accredited institution.
- Letters of reference (2, 3 or 4 depending on program, forms provided)
- Postsecondary foreign credit (and high school graduation equivalency, where required) must be evaluated by Educational Credential Evaluators (ECE) at ece.org, Educational Perspectives (EP) at edperspective.org/benedictine or World Education Services (WES) at wes.org. Reports must be a detailed "Course by Course" evaluation of credit. An official evaluation must be sent directly from ECE, EP or WES directly to Benedictine University. For more information, please contact your admissions counselor.
- Goals statement
- Resume – required for all graduate business programs
- Autobiographical statement- required for Clinical Psychology
- Official copy of test scores as required
- Personal interview may be required prior to admission decision

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"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

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"/> DAOISM | <input type="checkbox"/> LDSMORMON | <input type="checkbox"/> NONE | <input type="checkbox"/> QUAKER | <input type="checkbox"/> UNITED CHURCH OF CHRIST |
| <input type="checkbox"/> ATHEIST | <input type="checkbox"/> EASTERNORTHODOX | <input type="checkbox"/> LUTHERAN | <input type="checkbox"/> ORTHODOX | <input type="checkbox"/> ROMAN CATHOLIC | <input type="checkbox"/> WICCAN |
| <input type="checkbox"/> BAHAI'IFAITH | <input type="checkbox"/> EPISCOPAL | <input type="checkbox"/> METHODIST | <input type="checkbox"/> OTHER CHRISTIAN | <input type="checkbox"/> SEVENTH DAY ADVENT | <input type="checkbox"/> ZOROASTRIAN |
| <input type="checkbox"/> BAPTIST | <input type="checkbox"/> HINDU | <input type="checkbox"/> MUSLIM | <input type="checkbox"/> OTHER RELIGION | <input type="checkbox"/> SIKH | |
| <input type="checkbox"/> BUDDHIST | <input type="checkbox"/> HUMANISM | <input type="checkbox"/> NATIVE AMERICAN TRADITION(S) | <input type="checkbox"/> PAGANISM | <input type="checkbox"/> SPIRITUAL | |
| <input type="checkbox"/> CHURCHOFCHRIST | <input type="checkbox"/> JAINISM | <input type="checkbox"/> NON-DENOMINATIONAL | <input type="checkbox"/> PRESBYTERIAN | <input type="checkbox"/> UNITARIAN UNIVERSAL | |
| <input type="checkbox"/> CONFUCIANISM | <input type="checkbox"/> JUDAISM | | <input type="checkbox"/> PROTESTANT | | |

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
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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, 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 (Undergraduate & Graduate Level)	LOCATION	DATES ENROLLED (Check box if last school attended)	DIPLOMA/DEGREE
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<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 _____

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, a copy of your permanent residency card is required.

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.

A graduate admissions representative reserves the right to test the English writing and speaking skills of any incoming graduate student, at any time if the circumstances warrant it.

ACADEMIC INFORMATION

SEMESTER CALENDAR:

Master of Science in Clinical Exercise Physiology

Master of Science in Nutrition and Dietetics

Master of Science in Integrative Physiology

Master of Science in Nutrition and Wellness

QUARTER CALENDAR:

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

I am applying for a Dual Degree (Please select both degrees sought)

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

Master of Science in Accountancy

Please specify concentration if applicable:

Master of Science in Business Analytics

Master of Science in Clinical Psychology

Master of Science in Management and Organizational

Other Program:

Behavior

GRADUATE CERTIFICATE APPLICANTS ONLY

Master of Science in Nutrition and Wellness

Community Nutrition Engagement

Health Education and Promotion

Health Research Methods

Nutrition Entrepreneurship

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

Epidemiology

Health Education and Promotion

Health Management and Policy

Master of Science in Management and Organizational Behavior

Human Resource Management

Organization Development and Consulting

Other: _____

GRADUATE STUDENT AT LARGE APPLICANTS - CERTIFICATE PROGRAMS 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 degree program. Degree of interest: _____

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.

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)

Have you visited the Benedictine University campus? No Yes

I will be a: Full-Time Student Part-Time Student

At what location do you plan to attend?

Lisle Main Campus Partnership (off-site) Other

How did you hear about Benedictine University? _____

GRADUATE ENTRANCE TESTS

Programs not listed in this section do not require test scores; additionally, programs may only require test scores if admissions criteria (such as required GPA) are not met. For test waiver eligibility and entrance test requirements, or if you have already taken an exam not listed above, please contact your admissions representative.

<input type="checkbox"/> Graduate Management Admission Test (GMAT) M.B.A., M.P.H. or M.S. degrees in Accountancy, Business Analytics, Management and Organizational Behavior	_____	_____
	Date Taken	Score
<input type="checkbox"/> Graduate Record Examination (GRE) M.P.H.	_____	_____
	Date Taken	Score
<input type="checkbox"/> Miller Analogies Test (MAT) M.S. in Clinical Psychology or M.P.H.	_____	_____
	Date Taken	Score

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

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

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 - FORMS PROVIDED

• M.S. in Clinical Psychology requires four letters of reference.

• All other graduate programs require two letters of reference.

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

NAME	RELATIONSHIP	POSITION
NAME	RELATIONSHIP	POSITION
NAME	RELATIONSHIP	POSITION
NAME	RELATIONSHIP	POSITION

ESSAY STATEMENT OF CAREER AND EDUCATIONAL GOALS

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.

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 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 _____

