



**CHINA INSTITUTE  
GRADUATE PROGRAM  
IN CHINA**

**International Application For Admission**

5700 College Road, Lisle, Illinois 60532

Enrollment Center Phone: (630) 829-6300 Outside Illinois (888) 829-6363 FAX: (630) 829-6301

E-mail: [admissions@ben.edu](mailto:admissions@ben.edu) Web Address: [www.ben.edu](http://www.ben.edu)

Thank you for your interest in Benedictine University. Please print clearly in ink or type and complete all sections. Please refer to the applicants checklist.

### GENERAL INFORMATION

NAME IN ENGLISH	LAST NAME	FIRST NAME	TELEPHONE	ALTERNATIVE TELEPHONE (CELL)			
NAME IN CHINESE			SOCIAL SECURITY NUMBER (IF APPLICABLE)				
HOME COUNTRY ADDRESS			E-MAIL ADDRESS				
STREET			RELIGION (OPTIONAL)				
CITY	STATE	ZIP CODE	DATE OF BIRTH (mm/dd/yy)				
PRESENT LOCAL ADDRESS (IF DIFFERENT FROM ABOVE)			CURRENT TELEPHONE (IF DIFFERENT FROM ABOVE)				
CITY	STATE	ZIP CODE	CURRENT E-MAIL ADDRESS (IF DIFFERENT FROM ABOVE)				
COUNTY	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY (OPTIONAL)	MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED			
NAME(S) OF ALL COLLEGE(S) ATTENDED (UNDERGRADUATE & GRADUATE LEVEL)		LOCATION	DATES ATTENDED	DEGREE CONFERRED	MAJOR	MINOR	GPA

**PLEASE LIST THE NAME OF ALL COLLEGES AND UNIVERSITIES PREVIOUSLY ATTENDED AS A PART OF UNDERGRADUATE AND/OR GRADUATE COURSEWORK. THIS INFORMATION IS NECESSARY FOR A COMPLETE ACADEMIC HISTORY AND FAILURE TO DISCLOSE ALL PREVIOUS COLLEGE INFORMATION WILL RESULT IN IMMEDIATE DENIAL OF ADMISSION, REVOKING OF ADMISSION OR DISMISSAL FROM THE UNIVERSITY.**

HAVE YOU EVER PLEADED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF, A FELONY?  YES  NO

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.

### REQUIRED — CITIZENSHIP INFORMATION — *MUST BE COMPLETED*

An international applicant is a citizen or permanent resident alien of a country other than that of United States.

Country of citizenship: \_\_\_\_\_

Country of birth: \_\_\_\_\_

### ADMISSIONS INFORMATION

When do you expect to enter Benedictine University? Quarter Calendar:  Fall  Winter  Spring  Summer  
Semester Calendar:  Fall (August)  Spring (January)  Summer (June)

Have you ever applied to any graduate program at Benedictine University?  No  Yes If yes, when? \_\_\_\_\_

Have you ever attended Benedictine University?  No  Yes Dates Attended \_\_\_\_\_

Which joint program in China are you applying?  Shenyang University of Technology (SUT)  Shenyang Jianzhu University (SJZU)  
 Hohai University (HHU)  South China University of Technology (SCUT)  Peking University (PKU)  
 Other (please specify): \_\_\_\_\_

### GRADUATE ACADEMIC INFORMATION

- Master of Business Administration (M.B.A.)
- Master of Public Health (M.P.H.)
- Master of Science in Management Information Systems (M.S.M.I.S.)

## LETTERS OF REFERENCE — PLEASE ATTACH

Please attach 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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## GRADUATE ENTRANCE TESTS

- |  |            |                  |   |
|--|------------|------------------|---|
| <input type="checkbox"/> Graduate Management Admission Test (GMAT)     | _____      | _____            |   |
|  | Date Taken | Score            |   |
| <input type="checkbox"/> Test of English as a Foreign Language (TOEFL) | _____      | _____            | <input type="checkbox"/> PAPER-BASED TEST <input type="checkbox"/> COMPUTER-BASED TEST <input type="checkbox"/> INTERNET-BASED TEST |
|  | Date Taken | Score            |   |
| <input type="checkbox"/> College English Test (CET)                    | _____      | _____            |   |
|  | Date Taken | Score/Band Level |   |

## EMPLOYER INFORMATION

ARE YOU CURRENTLY EMPLOYED?    NO    YES    FULL TIME    PART TIME

EMPLOYER/COMPANY NAME	POSITION
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TELEPHONE	WORK E-MAIL (OPTIONAL)
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ADDRESS

CITY, STATE, ZIP

COUNTY	COUNTRY
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DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

## ESSAY STATEMENT OF CAREER AND EDUCATIONAL GOALS (GRADUATE DEGREE ONLY) — PLEASE ATTACH

Please submit an 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.

### APPLICATION INFORMATION

### APPLICANTS CHECKLIST

#### APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Send all materials to: Enrollment Center, Benedictine University, 5700 College Road, Lisle, IL 60532, U.S.A.
2. A personal interview with a University representative is generally advisable and occasionally required.
3. **Official** transcripts bearing the signature of the registrar and the institutional seal must be issued by direct mail from the institution to Benedictine University's Enrollment Center.
4. You will be considered for admission as soon as all of your credentials are received.
5. Only original applications and transcripts are accepted.

#### APPLICANTS PLEASE REVIEW:

- China Institute Graduate Program in China Application Form
- Official and sealed** transcripts from ALL colleges previously attended
- Official** copy of GMAT, GRE or MAT Test Scores
- Official** TOEFL or CET Test Scores
- Two letters of reference
- Goals statement
- Personal interview may be required prior to an admissions decision
- Resume

## 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 I MAY BE PHOTOGRAPHED OR VIDEOTAPE 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 \_\_\_\_\_

