



CHINA INSTITUTE GRADUATE PROGRAM

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 Web Address: 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) ENROLLED (UNDERGRADUATE & GRADUATE LEVEL)	LOCATION	DATES ENROLLED	DEGREE CONFERRED	MAJOR	MINOR	GPA

PLEASE LIST THE NAME OF ALL COLLEGES AND UNIVERSITIES IN WHICH YOU PREVIOUSLY ENROLLED 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: _____
- Are you currently living in the U.S? Yes No
- If yes, indicate current visa type: _____
- When does your current visa expire? Month: _____ Day: _____ Year: _____
- If no, indicate proposed date of entry into the U.S.: _____
- Do you need an I-20 document "Certificate for Eligibility for Nonimmigrant (F-1) Student Status For Academic and Language Students" for an F-1 student visa? Yes No

ADMISSIONS INFORMATION

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

On what campus do you plan to attend? Lisle Naperville Springfield

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 Dates Enrolled _____

WHO REFERRED YOU TO BENEDICTINE UNIVERSITY?

NAME OF AGENCY _____ INDIVIDUAL _____

GRADUATE ACADEMIC INFORMATION

QUARTER CALENDAR:

- Master of Science in Accountancy (M.S.A.)
- Master of Business Administration (M.B.A.) Evening Internship
- Master of Public Health (M.P.H.)
- Master of Science in Nutrition and Wellness (M.S.N.W.)
- Master of Science in Clinical Psychology (M.S.C.P.)
- Master of Science in Management and Org Behavior (M.S.M.O.B.)
 - Evening/Weekend Accelerated
- Master of Science in Management Information Systems (M.S.M.I.S.)

SEMESTER CALENDAR:

- Master of Education (M.Ed.)
 - Special Leadership and Administration
 - Curriculum and Instruction
- Master of Arts in Education (M.A.Ed.)
 - Elementary Special Secondary
- Master of Science in Clinical Exercise Physiology (M.S.C.E.P.)
- Master of Science in Science Content and Process (M.S.S.C.P.)

Please specify concentration if applicable _____

LETTERS OF REFERENCE — PLEASE ATTACH

• M.S.C.E.P., M.S.N.W., and M.S.S.C.P.
Please attach two letters of reference.

• M.A.Ed./M.Ed. requires three letters of reference.
• Adult Undergraduate requires two letters of reference.

• M.S.C.P. requires four 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

GRADUATE ENTRANCE TESTS

<input type="checkbox"/> Graduate Management Admission Test (GMAT) _____ Date Taken _____ Score	<input type="checkbox"/> Graduate Record Examination (GRE) M.S.C.P., M.P.H., M.S.N.W. _____ Date Taken _____ Score	<input type="checkbox"/> Miller Analogies Test (MAT) M.S.C.P., M.P.H. _____ Date Taken _____ Score
<input type="checkbox"/> Test of English as a Foreign Language (TOEFL) _____ Date Taken _____ Score		
<input type="checkbox"/> Test of International English Language Testing System (IELTS) _____ Date Taken _____ Score		

EMPLOYER INFORMATION

ARE YOU CURRENTLY EMPLOYED? NO YES FULL TIME PART TIME

EMPLOYER/COMPANY NAME _____ POSITION _____

TELEPHONE _____ WORK E-MAIL (OPTIONAL) _____

ADDRESS _____

CITY, STATE, ZIP _____

COUNTY _____ COUNTRY _____

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: China Institute, 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 China Institute.
4. You will be considered for admission as soon as all of your credentials are received.
5. Only original applications and transcripts are accepted.
6. The non-refundable application fee is \$40 for all applicants. Please make check or money order payable to Benedictine University. The applicant's name and birthday must be included on the check or money order.

APPLICANTS PLEASE REVIEW:

- China Institute Graduate Degree Program Application along with \$40 non-refundable application fee.
- Photocopy of student's passport
- Official** transcripts and notarized diplomas accompanied by English translations from all colleges previously attended
- Official** Educational Credential Evaluators (ECE) evaluation of all college transcripts from home country. ECE applications are available on <http://www.ece.org>
- Official** copies of TOEFL or IELTS scores
- Official** copy of GMAT, GRE or MAT Test Scores
- Personal statement of educational and career goals.
- Resume
- Two letters of reference from professors, school officials or employers.
- Confidential Financial Statement of Support and Bank Statement.
- International Student Health Form
- Proof of student health insurance
- Housing preference form

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 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 _____

