



ADULT UNDERGRADUATE DEGREE PROGRAMS

Application For Admission

5700 College Road, Lisle, Illinois 60532

Enrollment Center Phone: (630) 829-6300

Outside Illinois: (888) 829-6363 FAX: (630) 829-6301

Email: admissions@ben.edu Web Address: www.ben.edu

Application fee waiver code
ADM staff approval
Date

APPLICATION INFORMATION AND CHECKLIST

1. Students applying for admission to the adult accelerated undergraduate programs must be 22 years of age.
2. Students must have two years of full time work experience.
3. Students must have graduated from high school or completed the GED.
4. Send all materials to: Enrollment Center, Benedictine University, 5700 College Road, Lisle, IL 60532.
5. A personal interview with an admissions counselor is generally advisable and occasionally required.
6. **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.

7. You will be considered for admission as soon as all of your credentials are received.
8. All documents submitted become property of Benedictine University and will not be released to the student or any third-party.
9. 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 more information.

APPLICANTS PLEASE REVIEW CHECKLIST:

- Application for admission and \$40 application fee (non-refundable).
- Official** transcripts from ALL colleges in which you previously enrolled.
- Official** high school transcripts or GED certificate for applicants without college credit or less than 20 transferrable semester hours from other colleges or universities.
- Foreign credit must be evaluated by Educational Credential Evaluators (ECE) at www.ece.org. A form is available in the Enrollment Center. "Subject Analysis" of transfer credit is required and prepared by this firm.

GENERAL INFORMATION

LAST NAME		FIRST	MIDDLE	DAYTIME TELEPHONE	
OTHER NAMES		MAIDEN (IF ANY)		HOME/CELL TELEPHONE	
STREET ADDRESS				LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	
CITY		STATE	9-DIGIT ZIP CODE	EMAIL ADDRESS	
COUNTY	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELIGION (OPTIONAL)	DATE OF BIRTH (MM/DD/YY)
ETHNICITY (OPTIONAL) ARE YOU HISPANIC OR LATINO? <input type="checkbox"/> NO <input type="checkbox"/> YES WHAT IS YOUR RACE/ETHNICITY/IDENTITY? _____					
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
IMPORTANT: FAILURE TO LIST BELOW ALL SECONDARY SCHOOLS, UNIVERSITIES AND POST-SECONDARY INSTITUTIONS IN WHICH YOU ENROLLED (INCLUDING 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"/>	

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 _____
I will be a: Full-Time Student (12 hours or more) Part-Time Student (11 hours or less) _____
On what campus do you plan to attend? Lisle/Naperville Springfield Peoria Other _____
I will be a Campus Resident Commuter
How did you hear about Benedictine University? _____
Have you visited the Benedictine University campus yet? No Yes

ACADEMIC INFORMATION

PLEASE INDICATE CHOICE OF MAJOR FIELD

ASSOCIATE DEGREE

Business Administration*

*Weeknight learning team

*Weekend College learning team

BACHELOR'S DEGREES

Accounting#

Finance#

Management

Naperville campus*

Peoria campus*

Management and Organizational Behavior#
(Peoria only)

Organizational Leadership*

Nursing (RN required)#

at Benedictine University Lisle campus
(College of DuPage partner)

at Triton College, River Grove

at Memorial Medical Center, Springfield

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 Enrollment Center.

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.

Does your employer provide tuition reimbursement? No Yes

EMPLOYER INFORMATION

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

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

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 _____