Benedictine University®

UNDERGRADUATE BACHELOR'S DEGREE PROGRAMS

International Application for Admission

5700 College Road, Lisle, Illinois 60532
International Programs and Services Office Phone: (630) 829-1159
Outside Illinois: (888) 829-6363 FAX: (630) 829-6301
Email: ips@ben.edu Web Address: www.ben.edu

2013-2014

ALL APPLICANTS FOR ADMISSION MUST PAY A $40 APPLICATION FEE (U.S. DOLLARS) IN THE FORM OF A CHECK OR MONEY ORDER MADE PAYABLE TO BENEDICTINE UNIVERSITY. THE APPLICANT'S NAME AND BIRTH DATE SHOULD BE INCLUDED ON THE CHECK OR MONEY ORDER.

THE FEE PAYMENT MUST BE ATTACHED TO THIS APPLICATION. APPLICATIONS WILL NOT BE CONSIDERED UNLESS ACCOMPANIED BY THIS REQUIRED, NON-REFUNDABLE FEE.

INTERNATIONAL ADMISSIONS ONLY ACCEPTS ORIGINAL APPLICATIONS AND TRANSCRIPTS. FAXED MATERIALS CANNOT BE USED FOR ADMISSION DECISIONS.

APPLICATION INFORMATION AND CHECKLIST

APPLICANTS PLEASE NOTE:

1. Send all materials to: International Programs and Services, Benedictine University, 5700 College Road, Lisle, IL 60532.
2. A personal interview with an admissions counselor 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 Office of International Programs and Services.
4. You will be considered for admission as soon as all of your credentials are received.
5. You may be required to submit a personal statement prior to admissions decision.

CHECKLIST OF REQUIRED MATERIAL

❒ Application for admission and $40 application fee (non-refundable)

❒ ***Official*** high school transcripts for FRESHMEN applicants only*

❒ ***Official*** ACT or SAT, and TOEFL or IELTS Test Scores.* Students submitting TOEFL or IELTS may not be required to submit an ACT or SAT. Please contact the Office of International Programs and Services for more information at ips@ben.edu.

❒ One letter of recommendation. Students currently attending high school should submit a letter from their guidance counselor, transfer students should submit a letter from a faculty member or teacher.

❒ Foreign credit must be evaluated by Educational Perspectives at www.edperspectives.org/benedictine or Education Credential Evaluators (ECE) at www.ece.org. Please contact the International Programs and Services at ips@ben.edu to determine the type of evaluation report required.

❒ Official bank statement

❒ Photocopy of passport

❒ Proof of insurance is required upon arrival and may be provided by insurance company in the student's country or by applying through the forms included in the application packet

❒ Students on an F or J visa, please complete the International Admissions Application Questionnaire found at the end of this application.

*High school transcripts and (ACT or SAT) test scores required for transfer students with less than 20 transferable semester hours.

APPLICATION DEADLINES: ALL STUDENTS ARE URGED TO APPLY FOR ADMISSION WELL IN ADVANCE OF THE SEMESTER THEY WISH TO ATTEND. HOWEVER, THE APPLICATION FOR ADMISSION AND ALL REQUIRED CREDENTIALS MUST REACH THE UNIVERSITY BY **MARCH 1** FOR THE SUMMER (JUNE AND JULY) TERMS, **JUNE 1** FOR THE FALL (BEGINNING IN AUGUST) TERM AND **OCTOBER 1** FOR THE SPRING (BEGINNING IN JANUARY) TERM. PLEASE NOTE: THE COMPLETE CURRICULUM IS NOT OFFERED IN THE SUMMER SESSIONS.

APPLICANTS WILL BE NOTIFIED OF THEIR ADMISSION STATUS AS SOON AS POSSIBLE AFTER RECEIPT OF THE SIGNED, COMPLETED APPLICATION FOR ADMISSION AND ALL APPLICATION REQUIREMENTS.

GENERAL INFORMATION

LAST NAME (FAMILY)	FIRST (GIVEN)	MIDDLE	MAIDEN (IF ANY)	DAYTIME TELEPHONE	HOME/CELL TELEPHONE
NAME IN FULL AS IT APPEARS ON PASSPORT					
MAILING ADDRESS (for Admissions and I-20 documentation purposes)				SOCIAL SECURITY NUMBER (IF APPLICABLE)	
STREET		CITY		EMAIL ADDRESS	
STATE	9-DIGIT ZIP CODE		COUNTRY	RELIGION (OPTIONAL)	DATE OF BIRTH (mm/dd/yy)
PRESENT LOCAL ADDRESS (IF DIFFERENT FROM ABOVE)				CURRENT TELEPHONE (IF DIFFERENT FROM ABOVE)	
CITY		STATE	9-DIGIT ZIP CODE	CURRENT EMAIL ADDRESS (IF DIFFERENT FROM ABOVE)	
COUNTY	COUNTRY	MARITAL STATUS ❒ SINGLE ❒ MARRIED ❒ OTHER		❒ MALE ❒ FEMALE	ETHNICITY (OPTIONAL)

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

PLEASE LIST THE NAME OF ALL COLLEGES, UNIVERSITIES, AND ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAMS 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 ADMISSIONS OR DISMISSAL FROM THE UNIVERSITY.

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 _____

Are you presently enrolled at or have you previously enrolled at any post-secondary institution? ❒ No ❒ Yes
List institutions, locations and dates (one line per school attended).

Important: Failure to list below all secondary schools, universities and post-secondary institutions in which you enrolled (including correspondence, English as a Second Language 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 though enrollment was for a brief time and no credit was established.

High school/college course work in progress
Complete this section if you are currently enrolled in a secondary or post-secondary school/university. List all current and future course work you will complete before your enrollment at Benedictine University.

Name of institution	City	Country	Term beginning (Mo. & Yr.)	Term ending (Mo. & Yr.)	Exact name of diploma received

Please use additional sheet if necessary.

If you are not enrolled at a school at the present time, or if there has been a break in your education, attach a detailed explanation of your activities during that period. Give brief detail **and dates.**

I will attempt to transfer academic credit to Benedictine University: ❒ No ❒ Yes

ADMISSIONS INFORMATION

When do you expect to enter Benedictine University? ❒ Fall (August) ❒ Spring (January) ❒ Summer (June) Year _____

I will be a: ❒ Full-Time Student (12+ hours) *Full-time status is required for F and J visa.*

I will be a: ❒ Campus Resident or ❒ Commuter

Have you taken or will you take? ❒ ACT _____/_____ (COMPOSITE SCORE/DATE) ❒ SAT _____/_____ (COMPOSITE SCORE/DATE) ❒ TOEFL _____/_____ (COMPOSITE SCORE/DATE) ❒ INTERNET-BASED TEST ❒ PAPER-BASED TEST ❒ IELTS _____/_____ (COMPOSITE SCORE/DATE)

Are you or have you ever been an employee of Benedictine University? ❒ Yes ❒ No

On which campus do you plan to attend? ❒ Lisle (Main Campus) ❒ Springfield

If Springfield, please select your plan:

❒ I want to study at the Abraham Lincoln Intensive English Program in Springfield and then plan to complete my degree at the main campus in Lisle

❒ I plan to complete my degree at the Springfield branch campus

What is your primary reason for applying to Benedictine University? _____

I am applying to the following schools: _____

Benedictine is my ❒ First choice ❒ Second choice ❒ Third choice ❒ Other _____

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. Any student who is a U.S. citizen or a U.S. permanent resident with international credit is considered a domestic student and should complete the undergraduate degree application.

Country of citizenship: _____

Country of birth: _____ City of birth: _____

Country of residency: _____

Are you currently in the U.S. on a visa? ❒ No ❒ Yes

If "yes" to above, please indicate visa type: _____

When does your current visa expire? Month: _____ Day: _____ Year: _____

Please indicate which school in the U.S. you are attending: _____

I am currently in the United States on an F-1 visa and plan to transfer my I-20 to Benedictine University. ❒ No ❒ Yes

If "yes", to the best of my knowledge my status is currently valid and I have not engaged in any activities that may jeopardize my status or result in my I-20 being terminated. ❒ No ❒ Yes

If "no", please explain: _____

I give permission for Benedictine University to contact my SEVIS advisor at my current school regarding transferring my I-20 to Benedictine. ❒ No ❒ Yes

I understand my SEVIS record must be transferred to Benedictine before the official start date of the term I will attend or I may need to defer my acceptance until the following term. ❒ No ❒ Yes

If you intend to transfer your SEVIS record from your current school, please email ips@ben.edu for critical information.

Please send copies of the following documents:

❒ Your current visa

❒ All I-20s and/or DS-2019s

❒ Your current I-94 (front and back)*

❒ I-94s*, passport photocopies and visas of all dependents
*Electronic I-94s may be printed from https://i94.cbp.dhs.gov/I94/request.html

I request Benedictine to issue the following:

❒ I-20 (for F-1 student visa). My primary source of funding will be a Benedictine assistantship, personal funds or funds from family or friends. (F-1 dependents will be issued F-2 visas.)

❒ DS-2019 (for J-1 Exchange Visitor/Student visa). My primary source of funding will be government or international organization funds or funds from family or friends. (J-1 dependents will be issued J-2 visas.)

❒ I do not need Benedictine documents because my sponsoring agency will issue it (e.g. Fulbright).

❒ I will remain on _____ visa (attach photocopies of your visa and I-94).

INTERNATIONAL STUDENT FINANCIAL SUPPORT FORM — *(for F and J visa students only)*

Please complete all information requested in this section.

I. Source of Support

❒ I will pay for school with my personal funds.

❒ I will be sponsored by another individual, i.e. parents, family member, other sponsor.

❒ I will be sponsored by a government or organization.

Official documents in form of bank statement, certified scholarships or award letter must be received and will not be returned.

II. Sources of Funds

(Amounts in this section must match attached financial documents):

Name of Account Holder: _____

Name of Financial Institution: _____

Address of Institution: _____

Name of Institution Official: _____

Account Number: _____

Sponsoring Organization: _____

Total Amount Available in USD: $ _____

III. Student Declaration of Accuracy

I certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading information will result in disciplinary action and possible termination of my SEVIS record.

Name _____ Signature _____ Date _____

ACADEMIC INFORMATION

PLEASE INDICATE CHOICE OF MAJOR FIELD

College of Business

- ❒ Accounting*
- ❒ Business Analytics*
- ❒ Business and Economics#*
- ❒ Business with Science Applications
- ❒ Economics
- ❒ Finance*
- ❒ International Business and Economics
- ❒ Management and Organizational Behavior*
- ❒ Marketing*
- ❒ Undecided Business

College of Education and Health Services

- ❒ Elementary Education+
- ❒ Exercise and Sports Studies
- ❒ Nutrition*
- ❒ Physical Education+
- ❒ Secondary Education^+
- ❒ Special Education+
- ❒ Undecided Education and Health Services

College of Liberal Arts

- ❒ Bilingual Journalism
- ❒ Communication Arts*
- ❒ Criminal Justice
- ❒ English Language and Literature#
- ❒ Fine Arts+
- ❒ Global Studies*
- ❒ Graphic Arts and Design
- ❒ History
- ❒ International Studies*
- ❒ Medical Humanities
- ❒ Music*
- ❒ Music Education+
- ❒ Philosophy
- ❒ Political Science*
- ❒ Psychology
- ❒ Social Science#
- ❒ Sociology*
- ❒ Spanish#
- ❒ Studio Art
- ❒ Theology
- ❒ Writing and Publishing
- ❒ Undecided Liberal Arts

College of Science

- ❒ Biochemistry/Molecular Biology
- ❒ Biology (BS)#
- ❒ Biology (BA)
- ❒ Chemistry#
- ❒ Clinical Laboratory Science+
- ❒ Clinical Life Science*
- ❒ Computer Information Systems
- ❒ Computer Science
- ❒ Diagnostic Medical Sonography+
- ❒ Engineering Science
- ❒ Environmental Science
- ❒ Health Science
- ❒ Mathematics#*
- ❒ Nuclear Medicine Technology+
- ❒ Physics#*
- ❒ Radiation Therapy+
- ❒ Undecided Science

❒ Undecided

PRE-PROFESSIONAL HEALTH PROGRAMS
(also select a major)

- ❒ Pre-Chiropractic
- ❒ Pre-Dentistry
- ❒ Pre-Medicine
- ❒ Pre-Occupational Therapy
- ❒ Pre-Optometry
- ❒ Pre-Pharmacy
  - ❒ I am applying to the Dual Acceptance program with Midwestern University+
- ❒ Pre-Physical Therapy
- ❒ Pre-Podiatry
- ❒ Pre-Veterinary Medicine

Do you plan to teach?
❒ No ❒ Yes ❒ Undecided
❒ Elementary ❒ Secondary
❒ Special Education
(select one)

* *Concentration available - please specify* _____ *(see catalog, select majors only)*
\# *Teacher certification available*
^ *Students who wish to teach secondary education must major in a specified subject*
\+ *General admission does not guarantee acceptance into this specific degree program. An additional application process will be required later in this academic program.*

ATHLETICS

Do you currently participate in varsity athletics? ❒ No ❒ Yes

Are you interested in participating in intercollegiate sports at Benedictine University? ❒ No ❒ Yes

Please indicate the primary and secondary sport in which you wish to participate (W = Women's, M = Men's):

___M Baseball ___M Basketball ___W Basketball ___W Cheerleading ___MW Cross Country ___W Dance ___M Football ___M Golf ___W Golf
___M Lacrosse ___W Lacrosse ___M Soccer ___W Soccer ___W Softball ___W Tennis ___MW Track and Field (indoor and outdoor) ___W Volleyball

Please list all sports in which you are involved and indicate level/position/awards. Attach a separate sheet, if needed.

EXTRACURRICULAR ACTIVITIES

Are you interested in participating in extracurricular activities at Benedictine University? Please list activities and include all school, church and community activities. Please do not abbreviate the names of clubs or organizations.

Special Interests, Hobbies or Awards_____

_____

Work experience (include hours per week) _____

FAMILY INFORMATION

FATHER ❒ MARRIED ❒ DIVORCED ❒ SEPARATED ❒ DECEASED				**MOTHER** ❒ MARRIED ❒ DIVORCED ❒ SEPARATED ❒ DECEASED			
LAST NAME	FIRST NAME			LAST NAME	FIRST NAME		
STREET ADDRESS (IF DIFFERENT FROM YOURS)				STREET ADDRESS (IF DIFFERENT FROM YOURS)			
CITY	STATE	ZIP	COUNTRY	CITY	STATE	ZIP	COUNTRY
TELEPHONE	EMAIL ADDRESS			TELEPHONE	EMAIL ADDRESS		
EMPLOYER	JOB TITLE			EMPLOYER	JOB TITLE		
ADDRESS/CITY/STATE		WORK PHONE		ADDRESS/CITY/STATE		WORK PHONE	

continued on next page

FAMILY INFORMATION (CONTINUED)

Marital and Dependent Status

If your dependents (spouse and/or children under 21) will accompany you or join you within the first six months, you must provide financial support and information for dependents now.

❒ I am not married.
❒ I am married but plan to come alone and I will not request a document for my dependents for at least six months after I arrive.
❒ I am married and my spouse is a Benedictine student.

Name of Spouse: _____

Benedictine student ID of spouse (if known): _____

❒ I am married and the dependents listed below will come with me, are already in the United States or will join me within six months.

Approximate date of arrival: _____

Dependent 1

Family Name: _____
❒ First Name: _____
❒ Middle Name: _____
❒ Relationship: _____
❒ Date of Birth (mm/dd/yyyy): _____
❒ Country of Citizenship: _____
❒ Country of Residence: _____

Dependent 2

Family Name: _____
❒ First Name: _____
❒ Middle Name: _____
❒ Relationship: _____
❒ Date of Birth (mm/dd/yyyy): _____
❒ Country of Citizenship: _____
❒ Country of Residence: _____

INSURANCE INFORMATION

Health insurance is mandatory at Benedictine University for international students and their accompanying dependents. J1 students are required by the U.S. government to hold specific levels of coverage. Please contact your admissions counselor or the Office of International Programs and Services for more information. Insurance will be verified during your mandatory check in schedule with the Office of International Programs and Services.

Failure to maintain appropriate levels of health insurance for you and your dependents, through the duration of your program participation, will be considered a violation of non-immigrant status and will result in termination of your program. Please complete the section below, indicating that you understand these requirements and agree to abide by the regulations of the U.S. Department of State and Benedictine University.

I agree to provide health insurance coverage for myself and any dependents during the period beginning _____ to _____ (from Line 3 of DS-2019 or Line 5 of the I-20), either though home country government sponsorship or personal purchase. I understand that this insurance must meet the conditions outlined by U.S. Department of State (for J visa holders) and Benedictine University (for F1 visa holders) and that failure to meet this requirement may result in my termination from legal non immigrant status.

Student signature _____ Date_____

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 SEMESTER 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 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.

I HEREBY ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER AND HAVE READ AND UNDERSTAND THE TERMS OF THIS APPLICATION AND RELEASE.

Signature of Applicant _____ Date_____

Signature of Parent or Guardian* _____ Date_____

*Required if applicant is 17 years of age or younger