Benedictine University®

GRADUATE 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) 829-6360
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 THE FOLLOWING:

1. Send all materials to: International Programs and Services, Benedictine University, 5700 College Rd., Lisle, IL 60532.
2. ***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.
3. Deadlines:
   Fall Quarter – August 1 | Winter Quarter – November 1 | Spring Quarter – January 1 | Summer Quarter – March 1
   Fall Semester – June 1 | Spring Semester – October 1

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

❒ ***Official and sealed*** transcripts from ALL colleges in which you previously enrolled

❒ ***Official*** copy of TOEFL or IELTS test scores sent directly from the testing service

❒ International Student Health Form

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

❒ Official bank statement

❒ ***Official*** copy of GMAT, GRE or MAT Test Scores

❒ Letters of reference (2, 3 or 4 depending on program)

❒ Goals statement

❒ Autobiographical statement (only required for Clinical Psychology)

❒ Personal interview may be required prior to an admissions decision

❒ Resume (required for the M.B.A. and M.S. degrees in Accountancy, Management Information Systems, and Management and Organizational Behavior programs)

❒ Photocopy of passport

❒ Students on an F or J visa, please complete the International Admissions Application Questionnaire

GENERAL INFORMATION

LAST NAME (FAMILY)	FIRST (GIVEN)	MIDDLE	MAIDEN (IF ANY)	TELEPHONE	ALTERNATIVE TELEPHONE (CELL)
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)
NAME OF HIGH SCHOOL				MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED	

continued on next page

GENERAL INFORMATION (continued)

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.

NAME(S) OF ALL COLLEGE(S) ENROLLED (UNDERGRADUATE & GRADUATE LEVEL)	LOCATION	DATES ENROLLED	DEGREE CONFERRED	MAJOR	MINOR	GPA

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.

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 graduate 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
❒ Your current I-94 (front and back)
❒ All I-20s and/or DS-2019s
❒ 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 _____

FAMILY INFORMATION

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 _____

GRADUATE ACADEMIC INFORMATION

QUARTER CALENDAR:

❒ Master of Arts in Linguistics
❒ Master of Business Administration (M.B.A.) ❒ Evening ❒ Internship
❒ Master of Public Health (M.P.H.)
❒ Master of Science in Accountancy
❒ Master of Science in Business Analytics
❒ Master of Science in Clinical Psychology
❒ Master of Science in Management and Organizational Behavior
❒ Master of Science in Management Information Systems
❒ Master of Science in Nutrition and Wellness
❒ Master of Science in Taxation
❒ I am applying for a Dual Degree

SEMESTER CALENDAR:

❒ Master of Arts in Education (M.A.Ed.)
❒ Elementary ❒ Special ❒ Secondary

❒ Master of Science in Clinical Exercise Physiology

❒ Master of Science in Science Content and Process

Please specify concentration if applicable: _____

ADMISSIONS INFORMATION

When do you expect to enter Benedictine University? Quarter Calendar: Year_____ ❒ Fall (September) ❒ Winter (January)
(please see above for list of programs on quarters and semesters) ❒ Spring (March) ❒ Summer (June)

Semester Calendar: Year_____ ❒ Fall (August) ❒ Spring (January) ❒ Summer (June)

I will be a: ❒ Full-Time Student* ❒ Part-Time Student I will be a: ❒ Campus Resident ❒ Commuter

**Full-time status is required for F and J visas.*

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 _____

I am applying to the following schools: _____

Who referred you to Benedictine University?
Name of Agent: _____

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

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

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

LETTERS OF REFERENCE — *PLEASE ATTACH*

ALL LETTERS OF REFERENCE MUST BE FROM PROFESSIONAL OR ACADEMIC SOURCES.

- M.B.A., M.P.H., and M.S. degrees in Clinical Exercise Physiology, Science Content and Process, Accountancy, Leadership, Management Information Systems, Management and Organizational Behavior, and Nutrition and Wellness require two letters of reference.
- M.A.Ed./M.Ed. requires three letters of reference.
- M.S. in Clinical Psychology 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

❒ Graduate Management Admission Test (GMAT)
M.B.A., M.P.H., and M.S. degrees in Accountancy, Management Information Systems, and Management and Organizational Behavior

_____ Date Taken _____ Score

❒ Graduate Record Examination (GRE)
M.P.H. and M.S. in Nutrition and Wellness

_____ Date Taken _____ Score

❒ Miller Analogies Test (MAT)
M.P.H. and M.S. in Clinical Psychology

_____ Date Taken _____ Score

❒ Test of English as a Foreign Language (TOEFL)/
International English Language Testing System (IELTS)

_____ Date Taken _____ Score ❒ PAPER-BASED TEST ❒ INTERNET-BASED TEST

EMPLOYER INFORMATION

ARE YOU CURRENTLY EMPLOYED? ❒ NO ❒ YES ❒ FULL-TIME ❒ PART-TIME

EMPLOYER/COMPANY NAME

POSITION

TELEPHONE

WORK EMAIL (OPTIONAL)

ADDRESS

CITY, STATE, ZIP

COUNTY

COUNTRY

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

ESSAY STATEMENT OF CAREER AND EDUCATIONAL GOALS — *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.

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 _____