



**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: ben.edu

Application fee waiver code
ADM staff approval
Date

APPLICATION INFORMATION AND CHECKLIST

Applicants please note the following:

1. Send all materials to: Enrollment Center, 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 either by direct mail or electronically from the institution to Benedictine University's Enrollment Center. Transcripts must arrive in either a sealed envelope or be submitted electronically to e-transcripts@ben.edu (Freshman applicants) or e-transcripts@ben.edu (Transfer applicants) to be considered official.
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 an admission decision. Your admissions counselor will provide more information.
6. All documents submitted become property of Benedictine University and will not be released to the student or any third-party.
7. 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 and sealed** transcripts from ALL colleges in which you previously enrolled
- Official** high school transcripts for FRESHMEN applicants only*
- Official** copy of ACT, SAT or TOEFL Test Scores* (if on official transcript from high school, scores are considered official)
- Recommendation form completed by your high school counselor for FRESHMEN applicants only (recommended and may be required).
- Foreign credit must be evaluated by Educational Credential Evaluators (ECE) at www.ece.org or Educational Perspectives at www.edperspective.org. A "Subject Analysis" (ECE) or a "Detailed Analysis" (Educational Perspectives) of transfer credit is required and to be prepared by one of these firms.

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

GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	CELL PHONE
OTHER NAMES	MAIDEN (IF ANY)		TELEPHONE
STREET ADDRESS			SOCIAL SECURITY NUMBER
CITY	STATE	9-DIGIT ZIP CODE	EMAIL ADDRESS
COUNTY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH (mm/dd/yy)
ARE YOU A FIRST GENERATION COLLEGE STUDENT? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>First generation students are those students whose parents or siblings have not completed a college degree.</i>		ETHNICITY	RELIGION
Are you a veteran or currently serving in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes 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	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 AND CITY/STATE (Undergraduate & Graduate Level)	DATES ENROLLED (check box for the last school attended)	DEGREE CONFERRED	MAJOR	MINOR	GPA
	<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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____ Have you ever enrolled at Benedictine University? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, dates enrolled _____ Have you ever been suspended, placed on probation or dismissed from any high school or college? <input type="checkbox"/> No <input type="checkbox"/> 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. Are you a member of the <i>Phi Theta Kappa</i> International Honor Society? <input type="checkbox"/> No <input type="checkbox"/> Yes					

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, IL Mesa, AZ

I will be a: Campus Resident or Commuter

Have you taken or will you take? ACT _____/_____
(indicate most recent) DATE DATE

ACADEMIC INFORMATION

PLEASE INDICATE CHOICE OF MAJOR FIELD

College of Business

- Accounting~
- Business Analytics~
- Business and Economics**
- Business with Science Applications
- Economics
- Entrepreneurship~
- Finance~
- Human Resources Management~
- 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+
- 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 (B.A.)
- Biology (B.S.)#
- Chemistry#
- Clinical Laboratory Science+
- Clinical Life Science – Perfusion Technology+
- Clinical Life Science – Respiratory Care+
- 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 pharmacy program with Midwestern University+
- Pre-Physical Therapy
- Pre-Physician Assistant
- Pre-Podiatry
- Pre-Veterinary Medicine

Do you plan to teach?

- No Yes Undecided
- Elementary Secondary
- Special Education
(select one)

Concentration – please specify _____ (see catalog, select majors only)

* Concentration is required. (See catalog, select majors only)

~ Concentration is available. (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.

FINANCIAL AID INFORMATION (please ✓ ONE box)

- 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 be considered for state and federal grants and loans. Benedictine's school code is 001767.

CITIZENSHIP INFORMATION — MUST BE COMPLETED

Are you a U.S. citizen? Yes No

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 eligible non-citizen status in the U.S.:

- Asylum Granted Conditional permanent resident (I-551C) Cuban Haitian Entrant Humanitarian Parole
- Indefinite Parole Refugee Other _____

If you have checked one of the boxes above, please attach a copy (both sides) of your alien registration card, temporary resident card or other USCIS document indicating approval of current visa status. If you have checked none of the boxes above, then please fill out our International Student Application.

FAMILY INFORMATION

PARENT 1 <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DECEASED			PARENT 2 <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DECEASED		
LAST NAME		FIRST NAME	LAST NAME		FIRST NAME
STREET ADDRESS		COUNTY	STREET ADDRESS		COUNTY
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE		EMAIL ADDRESS	TELEPHONE		EMAIL ADDRESS
EMPLOYER		JOB TITLE	EMPLOYER		JOB TITLE
ADDRESS/CITY/STATE		WORK PHONE	ADDRESS/CITY/STATE		WORK PHONE

PLEASE COMPLETE THIS SECTION IF YOUR PARENT(S) IS AN ALUMNUS OF BENEDICTINE UNIVERSITY, IF YOU ARE A RELATIVE OF A ST. PROCOPIUS MONK OR IF YOU HAVE A SIBLING THAT CURRENTLY ATTENDS OR HAS GRADUATED FROM BENEDICTINE UNIVERSITY.

NAME	RELATIONSHIP	DATES ATTENDED
NAME	RELATIONSHIP	DATES ATTENDED

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 & Field (indoor & outdoor) M Volleyball W Volleyball

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

EXTRACURRICULAR ACTIVITIES

Please list all school, church and community activities you are involved in. Please do not abbreviate the names of clubs or organizations. Attach a separate sheet, if needed.

Are you interested in participating in extracurricular activities at Benedictine University? No Yes

Are you currently employed? No Yes Part Time Full Time

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

Occupation _____ Work Phone _____ Employer _____

Are you interested in participating in the Army ROTC Program at Benedictine University? No Yes

Are you interested in on campus employment? No Yes

Are you interested in participating in one of our music programs? Band Choir Orchestra Pep Band Marching Band

Have you ever attended a sports or academic camp at Benedictine University? No Yes If yes, please list which one(s) _____

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 UNDERSTAND THAT COMMUNICATIONS, INCLUDING UNIVERSITY FINANCIAL/STUDENT LOAN INFORMATION AND OTHER NOTIFICATIONS WILL BE SENT VIA MY BENU EMAIL ACCOUNT. I ACCEPT RESPONSIBILITY TO MAINTAIN SAID ACCOUNT. (IF YOU PREFER TO RECEIVE PAPER NOTIFICATION, PLEASE SUBMIT A WRITTEN STATEMENT TO THE OFFICE OF FINANCIAL AID.)

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