



**Benedictine University<sup>®</sup>**

SCHOOL OF GRADUATE, ADULT  
AND PROFESSIONAL EDUCATION

**GRADUATE DEGREE PROGRAMS  
APPLICATION FOR ADMISSION**

**Main Campus:**

5700 College Road, Lisle, IL 60532  
Phone: (630) 829-2277 Fax: (630) 829-6371

**Chicago and Suburbs:**

Bellwood Learning Center  
407 North Mannheim Road, Bellwood, IL 60104  
Phone: (708) 649-3411 Fax: (708) 649-3094

**Central Illinois:**

Benedictine University at Springfield  
1500 North 5th Street, Springfield, IL 62702  
Phone: (217) 718-5002 Fax: (217) 528-9959

**Southwest Arizona:**

Benedictine University at Mesa  
225 East Main Street, Mesa, AZ 85201  
Phone: (602) 888-5517 Fax: (602) 888-7511

**Email:** [nationalenrollment@ben.edu](mailto:nationalenrollment@ben.edu) **Web Address:** [ben.edu/gradadult](http://ben.edu/gradadult)  
**Toll-free:** (877) 353-9622

Fee Code
ADM staff approval
Date

## APPLICATION INFORMATION AND CHECKLIST

### APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Send all materials to the appropriate regional School of Graduate, Adult and Professional Education office.
2. A personal interview with an admissions counselor is generally advisable and occasionally required.
3. Your school(s) may be approved to send official transcripts electronically to Benedictine University. If so, please have them sent directly to nationalenrollment@ben.edu and we will confirm acceptance of official documents upon receipt.
4. You will be considered for admission as soon as all of your credentials are received.
5. All documents submitted become property of Benedictine University and will not be released to the student or any third-party.
6. Students with a documented physical or mental disability may be eligible for special accommodations through the Americans with Disabilities Act. Please contact the Academic and Career Enrichment Center for your location.

### APPLICANTS PLEASE REVIEW:

- Application for admission and \$40 application fee (non-refundable)
- Official and sealed** transcripts from ALL colleges in which you previously enrolled
- Letters of reference (2, 3 or 4 depending on program, forms provided)
- Postsecondary foreign credit (and high school graduation equivalency, where required) must be evaluated by Educational Credential Evaluators (ECE) at ece.org, Educational Perspectives (EP) at edperspective.org/benedictine or World Education Services (WES) at wes.org. Reports must be a detailed "Course by Course" evaluation of credit. An official evaluation must be sent directly from ECE, EP or WES directly to Benedictine University. For more information, please contact your admissions representative.
- Goals statement
- Resume – required for all graduate business programs
- Acknowledgment form (required for M.Ed. and ESL/Bilingual programs)
- Copy of a valid Illinois Professional Educator License (PEL) is required for M.Ed. and ESL/Bilingual programs
- Test scores indicating passage of an Illinois test of Basic Skills (required for M.Ed.)
- Autobiographical statement (only required for Clinical Psychology)
- Official copy of GRE, GMAT or MAT Scores or completed test waiver form (flexible programs only)
- Personal interview may be required prior to admission decision

## GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	CELL TELEPHONE	HOME/WORK TELEPHONE
MAIDEN (IF ANY)	OTHER NAMES		SOCIAL SECURITY NUMBER	
STREET ADDRESS			EMAIL ADDRESS	
CITY	STATE	9-DIGIT ZIP CODE	RELIGION	
COUNTY	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YY)	
ETHNICITY				
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			
<b>IMPORTANT: FAILURE TO LIST BELOW ALL SECONDARY SCHOOLS, UNIVERSITIES AND POST-SECONDARY INSTITUTIONS IN WHICH YOU ENROLLED (INCLUDING FOREIGN SCHOOLS, 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.</b>					
NAME(S) OF ALL COLLEGE(S) ENROLLED AND CITY/STATE (Undergraduate & Graduate Level)	DATES ENROLLED (check box if last school attended)	DEGREE CONFERRED	MAJOR	MINOR	GPA
	<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					
Will you have a postgraduate degree completed prior to enrollment at Benedictine University? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, what degree? _____					
<b>I understand that I must disclose all schools enrolled and failure to do so can lead to the denial of admission, revoking of admission or administrative withdrawal from course enrollment.</b>					
Signature _____					

## EDUCATIONAL HISTORY (continued)

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 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 college or university?  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.

## 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, a copy of your permanent residency card is required.

**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 International Admissions Office.**

**At any time a graduate admissions representative reserves the right to test the English writing and speaking skills of any incoming graduate student if the circumstances warrant it.**

## ACADEMIC INFORMATION

### QUARTER CALENDAR:

- Executive Master of Science in Values-Driven Leadership
- Master of Business Administration (M.B.A.)
  - On-campus (flexible)  Hybrid Cohort
  - Internship (4+1)  Dual M.B.A./Juris Doctor
- 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 Finance
- Master of Science in Management and Organizational Behavior
  - Evening/Weekend  Accelerated
- 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 (Please select degrees sought above)

### SEMESTER CALENDAR:

- English as a Second Language (ESL)/Bilingual Endorsements\*
- Master of Arts in Linguistics
- Master of Education (M.Ed.) in Reading and Literacy\* (Reading Endorsement)
- Master of Science in Clinical Exercise Physiology
- Master of Science in Integrative Physiology
- \* Valid Illinois teaching license required

Please specify concentration if applicable:

\_\_\_\_\_

Other: \_\_\_\_\_

## GRADUATE CERTIFICATE APPLICANTS ONLY

### Master of Business Administration (M.B.A.)

- Accounting
- Advanced Accounting
- Business Administration
- Business Law
- Derivatives Trading
- Entrepreneurship and Managing Innovation
- Financial Management
- Integrated Marketing Communications
- International Business
- Operations Management and Logistics
- Project Management
- Sustainable Business and Leadership

### Master of Science in Accountancy

- Auditing
- Forensic Accounting
- Taxation

### Master of Science in Nutrition and Wellness

- Community Nutrition Engagement
- Entrepreneurship and Managing Innovation
- Health Education and Promotion
- Health Research Methods
- Nutrition Entrepreneurship

### Master of Science in Management Information Systems and Master of Science in Business Analytics

- Business Analyst
- Business Analytics
- Electronic Commerce
- Health Information Systems Management
- Information Security
- Information Systems Management
- Integrated Marketing Communications
- Project Management

### Master of Public Health (M.P.H.)

- Emergency Preparedness
- Epidemiology
- Health Education and Promotion
- Health Management and Policy

### Master of Science in Management and Organizational Behavior

- Health Administration
- Human Resource Management
- Management in a Professional Technical Environment
- Organization Development and Consulting
- Professional Practice Management
- Service Management
- Training and Development

Other \_\_\_\_\_

## GRADUATE STUDENT AT LARGE APPLICANTS - CERTIFICATE PROGRAMS ONLY

Please indicate your reason for enrolling as a Student at Large:  Continuing education  Professional development

Required course program at another school. Indicate school \_\_\_\_\_

I plan on applying to a Benedictine degree program. Degree of interest: \_\_\_\_\_

Other \_\_\_\_\_

I UNDERSTAND THAT I MUST MEET THE DEPARTMENT REQUIREMENTS FOR THIS PROGRAM AS LISTED IN THE UNIVERSITY CATALOG WHICH IS IN EFFECT WHEN I TAKE MY FIRST COURSE. I UNDERSTAND THAT THESE REQUIREMENTS WILL BE IN EFFECT AS LONG AS I ENROLL IN ONE COURSE, APPLICABLE TO THIS PROGRAM, EVERY TERM, OR HAVE A VALID LEAVE OF ABSENCE FORM ON FILE. NOTE: PLEASE NOTIFY THE REGISTRAR THE TERM PRIOR TO COMPLETION OF THESE REQUIREMENTS. YOUR RECORD WILL BE FORMALLY AUDITED AT THAT TIME. YOU WILL BE AWARDED YOUR CERTIFICATE AT THE COMPLETION OF ALL PROGRAM REQUIREMENTS.

## ADMISSIONS INFORMATION

For which term and year are you applying? Quarter Calendar: Year \_\_\_\_\_  Fall (October)  Winter (January)  Spring (March)  Summer (June)

Semester Calendar: Year \_\_\_\_\_  Fall (August)  Spring (January)  Summer (June)

Have you visited the Benedictine University campus?  No  Yes

I will be a:  Full-Time Student  Part-Time Student

At what location do you plan to attend?

Lisle Main Campus  Chicago & Suburbs  Springfield/Central Illinois  Mesa/Southwest Arizona  Partnership (off-site)  Other \_\_\_\_\_

How did you hear about Benedictine University? \_\_\_\_\_

## GRADUATE ENTRANCE TESTS

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

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

\_\_\_\_\_   
Date Taken

\_\_\_\_\_   
Score

\_\_\_\_\_   
Date Taken

\_\_\_\_\_   
Score

Miller Analogies Test (MAT)  
M.S. in Clinical Psychology

Test of Academic Proficiency (TAP)

\_\_\_\_\_   
Date Taken

\_\_\_\_\_   
Score

\_\_\_\_\_   
Date Taken

\_\_\_\_\_   
Score

***For test waiver eligibility and entrance test requirements, please contact the School of Graduate, Adult and Professional Education.***

## EMPLOYER INFORMATION — MUST BE COMPLETED AND/OR INCLUDE YOUR RESUME

Work experience  0-2 years  2+ years

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

COUNTY

COUNTRY

LENGTH OF EMPLOYMENT

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

Does your employer provide tuition reimbursement?  No  Yes

Does your employer participate in a Benedictine-approved tuition discount program?  No  Yes

## 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.*

## LETTERS OF REFERENCE - FORMS PROVIDED

• M.A. in Linguistics and M.Ed. require three letters of reference.

• M.S. in Clinical Psychology requires four letters of reference.

• All other programs require two 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

## ESSAY STATEMENT OF CAREER AND EDUCATIONAL GOALS

Please submit a one-to-two page typed 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.

## NON-DISCRIMINATION POLICY

In administering its affairs, Benedictine University does not discriminate against any person on the basis of race, creed, color, national or ethnic origin, sex, age, disability, military or veteran status, marital status, citizenship, or any other characteristic protected by applicable law. The laws applicable to Benedictine University include constitutional and statutory protections of the University's rights as a religiously sponsored institution.

## 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 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

