



**DOCTORAL
DEGREE PROGRAM**

Application For Admission

National Moser Center for Adult Learning – Central Illinois:

Benedictine University at Springfield
1500 North 5th Street, Springfield, IL 62702
Phone: (217) 718-5002 Fax: (217) 528-9871
Email: adultenrollment@ben.edu Web address: ben.edu/moser

Application fee waiver code
ADM staff approval
Date

APPLICATION INFORMATION

Doctor of Philosophy (Ph.D.) in Organization Development (O.D.)

1. Send all materials to the National Moser Center for Adult Learning – Benedictine University at Springfield, 1500 N. Fifth Street, Springfield, IL 62702.
2. A personal interview with a doctorate faculty member will be scheduled after receipt of all documents:
 - Application for admission and \$50 application fee (non-refundable)
 - Current resume (including pertinent publications, presentations and involvement in professional organizations)
 - Career objective essay
3. **Official** transcripts bearing the signature of the registrar and the institutional seal must be issued by direct mail from the institution to the National Moser Center for Adult Learning.
 - Foreign credit must be evaluated by Educational Perspectives at www.edperspectives.org/benedictine or Education Credential Evaluators (ECE) at www.ece.org. ECE reports must be a “course by course” evaluation of transfer credit. An official evaluation must be sent directly from ECE to Benedictine University. Please contact the National Moser Center for Adult Learning for more information.
4. Applications for the April 2015 start on the Springfield branch campus are accepted beginning January 1, 2014.
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 Student Success Center for more information.

GENERAL INFORMATION

LAST NAME		FIRST	MIDDLE	MOBILE PHONE	OFFICE PHONE	HOME PHONE
OTHER NAMES			MAIDEN (IF ANY)	SOCIAL SECURITY NUMBER		
HOME COUNTRY	STREET ADDRESS			EMAIL ADDRESS		
CITY	STATE	9-DIGIT ZIP CODE		RELIGION (OPTIONAL)		
COUNTY	MARITAL STATUS		<input type="checkbox"/> MALE	DATE OF BIRTH (MM/DD/YY)		
	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> OTHER			

Is English the primary language spoken in the home? No Yes If no, please state language _____

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.

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

NAME OF HIGH SCHOOL	MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED
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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 <small>(Undergraduate & Graduate Level)</small>	DATES ENROLLED <small>(check box if last school attended)</small>	DEGREE CONFERRED	MAJOR	MINOR	GPA
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

For students with international postgraduate level credits,* indicate years of full-time study instead of credit hours:

- One year or less Two years Three years Four years or more

*Students with credits earned outside the United States may be required to have these credits evaluated.

EDUCATIONAL HISTORY (continued)

Will you have a postgraduate degree completed prior to enrollment at Benedictine University?

No Yes If yes, what degree? _____

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.

Signature _____

Have you ever applied to any doctorate 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 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? _____

How did you hear about Benedictine University? _____

Have you visited the Benedictine University campus yet? No Yes

LETTERS OF REFERENCE — PLEASE ATTACH

Submit two letters of recommendation, one professional and one academic that speak to your character, capacity, performance and ability to do doctoral level work with excellence.

Please list the name, relationship and position of references below:

NAME	RELATIONSHIP	POSITION
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NAME	RELATIONSHIP	POSITION
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ENTRANCE REQUIREMENTS

Master's degree from an accredited institution.

For international students, Test of English as a Foreign Language (TOEFL)/International English Language Testing System (IELTS) of 550 (paper-based), or 78 (Internet-based) and 6.0 IELTS.

_____ Date Taken

_____ Score

PAPER-BASED TEST INTERNET-BASED TEST

ESSAY STATEMENT — PLEASE ATTACH WITH MOST CURRENT RESUME

Please type your response to the following, double-spaced, one-to-five pages in length: Describe how the Ph.D. fits with your long-term career objectives. Please include potential areas of research interest and any international work experience.

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

COUNTY

COUNTRY

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

INTERNATIONAL STUDENT INFORMATION

If you are an international applicant for a doctoral program planning to study under a visa, please complete the following information showing required citizenship and financial information.

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 does not need to complete this page.

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: _____

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 U.S. or home-country government or an international organization. (J-1 dependents will be issued J-2 visas.)
- I do not need Benedictine documents because my sponsoring agency will issue (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 the form of bank statements, certified scholarships or award letters must be received and will not be returned.

II. Source 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 _____

READ CAREFULLY AND SIGN AS INDICATED — REQUIRED

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 _____

For additional information, please contact:

National Moser Center for Adult Learning, Central Illinois
adultenrollment@ben.edu
(217) 718-5022