



## **ADULT ACCELERATED UNDERGRADUATE DEGREE PROGRAMS**

### **Application For Admission**

#### **Chicago and Suburbs:**

National Moser Center for Adult Learning  
1832 Centre Point Circle, Suite 102  
Naperville, IL 60563  
Phone: (877) 353-9622 Fax: (630) 829-6371

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) 528-9871

#### **Southwest Arizona:**

Benedictine University at Mesa  
51 East Main Street, Suite 105, Mesa, AZ 85201  
Phone: (877) 353-9622 Fax: (630) 829-6371

**Email:** [adultenrollment@ben.edu](mailto:adultenrollment@ben.edu) **Web Address:** [ben.edu/moser](http://ben.edu/moser)

Application fee waiver code
ADM staff approval
Date

## APPLICATION INFORMATION AND CHECKLIST

1. Students applying for admission to the adult accelerated undergraduate programs must be 22 years of age.
2. Students must have two years of full time work experience.
3. Send all materials to the appropriate regional National Moser Center Enrollment Office.
4. A personal interview with an admissions counselor is generally advisable and occasionally required.
5. Your school(s) may be approved to send official transcripts electronically to Benedictine University. If so please have them sent directly to [adultenrollment@ben.edu](mailto:adultenrollment@ben.edu). We will confirm acceptance of official documents upon receipt.

6. You will be considered for admission as soon as all of your credentials are received.
7. All documents submitted become property of Benedictine University and will not be released to the student or any third-party.
8. Students with a documented physical or mental disability may be eligible for special accommodations through the Americans with Disabilities Act. For more information, please contact the Student Success Center for your location.
9. Students applying to the Bachelor of Science in Nursing program must provide a copy of a valid, unencumbered Illinois nursing license and one professional letter of recommendation (form provided).

### APPLICANTS PLEASE REVIEW CHECKLIST:

- Application for admission and \$40 application fee (non-refundable).
- Official** transcripts from ALL colleges in which you previously enrolled.
- Some students may be required to submit an official copy of high school transcripts, high school diploma or GED certificate.
- Foreign credit must be evaluated by Educational Perspectives at [www.edperspective.org/benedictine](http://www.edperspective.org/benedictine) or Education Credential Evaluators (ECE) at [www.ece.org](http://www.ece.org). A "course by course" evaluation of transfer credit is required and prepared by this firm. An official evaluation must be sent directly to Benedictine University.

## GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	DAYTIME TELEPHONE	
OTHER NAMES	MAIDEN (IF ANY)		HOME/CELL TELEPHONE	
STREET ADDRESS			SOCIAL SECURITY NUMBER	
CITY	STATE	9-DIGIT ZIP CODE	EMAIL ADDRESS	
COUNTY	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELIGION	DATE OF BIRTH (MM/DD/YY)
Are you a first generation college student? <input type="checkbox"/> No <input type="checkbox"/> Yes			ETHNICITY	

*First generation students are those whose parents or siblings have not completed a college degree.*

Is English the primary language spoken in the home?  No  Yes

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	CITY/STATE OF HIGH SCHOOL	MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED	
<p><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></p>			
NAME(S) OF ALL COLLEGE(S) ENROLLED (Undergraduate & Graduate Level)	LOCATION	DATES ENROLLED (check box if last school attended)	DIPLOMA/DEGREE
		<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?  No  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?  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?  Fall  Spring  Summer Year \_\_\_\_\_

At what location do you plan to attend?

Naperville  Bellwood  Springfield/Central Illinois  Mesa/Southwest Arizona  Other \_\_\_\_\_

Bachelor of Science in Nursing applicants only:  Springfield  Decatur  Other \_\_\_\_\_

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

## ACADEMIC INFORMATION

### BACHELOR'S DEGREES (PLEASE INDICATE CHOICE OF MAJOR FIELD)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounting       | <input type="checkbox"/> Management and Organizational Behavior | <input type="checkbox"/> Organizational Leadership |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Nursing (RN required)                  | <input type="checkbox"/> Psychology                |
| <input type="checkbox"/> Management       |   |  |

### ACADEMIC CERTIFICATES

- |   |  |
|---|--|
| <input type="checkbox"/> Human Resources Management Certificate | <input type="checkbox"/> Marketing Certificate |
|---|--|

## 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, 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 status in the U.S.:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Asylum Granted    | <input type="checkbox"/> Conditional permanent resident (I-551C) | <input type="checkbox"/> Cuban Haitian Entrant | <input type="checkbox"/> Humanitarian Parole |
| <input type="checkbox"/> Indefinite Parole | <input type="checkbox"/> Non-U.S. Citizen                        | <input type="checkbox"/> Refugee               | <input type="checkbox"/> Other _____         |

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 Enrollment Center.

## 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.

Does your employer provide tuition reimbursement?  No  Yes

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

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 CODE

COUNTY

COUNTRY

LENGTH OF EMPLOYMENT

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

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**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 UNDERSTAND THAT I MAY BE PHOTOGRAPHED OR VIDEOTAPED WHILE AT BENEDICTINE UNIVERSITY. I GIVE PERMISSION FOR PHOTOS OR VIDEOTAPE OF ME TO BE USED TO PROMOTE BENEDICTINE UNIVERSITY AND THAT SUCH PHOTOS AND VIDEO WILL BE THE PROPERTY OF BENEDICTINE UNIVERSITY. I ALSO GIVE PERMISSION FOR INFORMATION ABOUT MY ACCOMPLISHMENTS WHILE A STUDENT AT BENEDICTINE UNIVERSITY TO BE USED TO PROMOTE BENEDICTINE UNIVERSITY.

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