

**PLEASE NOTE THE FOLLOWING GRADUATION FEES:**

- Certificate recipients - \$30
- Associate, bachelor's and master's degree recipients - \$145
- Doctoral degree recipients - \$205

Please check the degree/certificate and date for which you are applying:

**Associate Degree**     **Bachelor's Degree**     **Undergraduate Certificate**

<i>Degree Date</i>	<i>Application Deadline</i>
<input type="checkbox"/> May 31, 2017	December 1, 2016
<input type="checkbox"/> August 31, 2017	January 15, 2017
<input type="checkbox"/> December 31, 2017	March 15, 2017

Please check the degree/certificate and date for which you are applying:

**Master's Degree**     **Doctoral Degree**     **Graduate Certificate**

<i>Degree Date</i>	<i>Application Deadline</i>
<input type="checkbox"/> March 31 2017 (quarter programs only)	December 1, 2016
<input type="checkbox"/> May 31, 2017 (semester programs only)	December 1, 2016
<input type="checkbox"/> June 30, 2017 (quarter programs only)	December 1, 2016
<input type="checkbox"/> August 31, 2017	January 15, 2017
<input type="checkbox"/> December 31, 2017	March 15, 2017

**PRINT YOUR NAME (AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA), ID NUMBER AND PERMANENT MAILING ADDRESS (where diploma should be mailed):**

First	Middle	Last	Student ID
Address	City	State	Zip
Home Phone Number		Cellphone Number	

**Student Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**ASSOCIATE, MASTER'S OR DOCTORAL APPLICANTS**

Degree Program	Concentration (if any)
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**BACHELOR'S APPLICANTS**

Primary Major and Concentration (if any)	Secondary Major and Concentration (if any)	Minor (if any)
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**CERTIFICATE APPLICANTS**

Please state the specific certificate(s) you are applying for:

**RETURN FORM AND PAYMENT TO:**

Benedictine University  
Student Accounts  
5700 College Road, Lisle, IL 60532-0900  
Fax: (630) 829-6501 • Phone: (630) 829-6503 • Email: sar@ben.edu

Method of Payment:     Cash     Check     Visa     MasterCard     Discover     American Express

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date mm/yy: \_\_\_\_/\_\_\_\_    CVV/CVC: \_\_\_\_\_

Print Name: \_\_\_\_\_    Signature: \_\_\_\_\_