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: www.ben.edu

Application fee waiver code
ADM staff approval
Date
APPLICATION INFORMATION AND CHECKLIST

APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Send all materials to Benedictine University, 5700 College Rd., Lisle, IL 60532.
2. A personal interview with an admissions counselor is generally advisable and occasionally required. Please call (630) 829-6300 or email admissions@ben.edu to set up an interview.
3. Applicants must have two years of full-time work experience.
4. Official transcripts bearing the signature of the registrar and the institutional seal must be issued by direct mail from the institution to Benedictine University. These must arrive in a sealed envelope to be considered official.
5. Degree conferral from a regionally accredited university required.
6. College Algebra or Statistics with a grade of “C” or better in the past seven years required.
7. TOEFL scores may be required.
8. You will be considered for admission as soon as all of your credentials are received.
9. All documents submitted become property of Benedictine University and will not be released to the student or any third-party.
10. 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:

- Application for admission and $40 application fee (non-refundable).
- Official and sealed transcripts from ALL colleges in which you previously enrolled.
- Foreign credit must be evaluated by Educational Credential Evaluators (ECE) at www.ece.org. A form is available in the Enrollment Center. A course by course, detailed evaluation is required.
- Official GMAT scores or exam waiver form (see waiver form below).
- Two professional or academic letters of reference.
- Goals statement.
- Resume.

GMAT EXAM WAIVER REQUEST FORM

☐ I have a cumulative undergraduate GPA of 3.2 or higher on a 4.0 scale.

☐ I do not meet the above GPA requirement but would still like to request a waiver. I understand that I will need to complete MBA 541 and MBA 520 with a grade “B” or better. Students choosing this option will be conditionally admitted into the program and after a specified time will either be fully admitted to or denied from the program.

☐ I have an advanced degree (Master’s, Ph.D., M.D., Ed.D).

PRINT NAME ___________________________ SIGN NAME ___________________________ DATE ____________

GENERAL INFORMATION

LAST NAME ___________ FIRST ___________ MIDDLE ___________ DAYTIME TELEPHONE ___________ HOME/CELL TELEPHONE ___________

MAIDEN (IF ANY) ___________ OTHER NAMES ___________ SOCIAL SECURITY NUMBER ___________

STREET ADDRESS ___________

CITY ___________ STATE ___________ 9-DIGIT ZIP CODE ___________ EMAIL ADDRESS ___________

COUNTY ___________ MARITAL STATUS ___________ RELIGION (OPTIONAL) ___________

☐ SINGLE ☐ MARRIED ☐ OTHER ☐ MALE ☐ FEMALE

DATE OF BIRTH (MM/DD/YY) ___________

ETHNICITY (OPTIONAL) ___________

ARE YOU HISPANIC OR LATINO? ☐ NO ☐ YES WHAT IS YOUR RACE/ETHNICITY/IDENTITY?

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

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

IMPORTANT: FAILURE TO LIST BELOW ALL SECONDARY SCHOOLS, UNIVERSITIES AND POST-SECONDARY INSTITUTIONS IN WHICH YOU ENROLLED (INCLUDING FOREIGN, 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.

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<th>NAME(S) OF ALL COLLEGE(S) ENROLLED AND CITY/STATE (Undergraduate &amp; Graduate Level)</th>
<th>DATES ENROLLED (check box if last school attended)</th>
<th>DEGREE CONFERRED</th>
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Will you have a bachelor’s degree completed prior to enrollment at Benedictine University? ☐ No ☐ Yes
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 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 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.

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.:
☐ Asylum Granted ☐ Conditional permanent resident (I-551C) ☐ Cuban Haitian Entrant ☐ Humanitarian Parole
☐ Indefinite Parole ☐ Non-U.S. Citizen ☐ Refugee ☐ 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.

For which term and year are you applying? Year_______ ☐ Fall ☐ Winter ☐ Spring ☐ Summer

How did you hear about Benedictine University?

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 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.

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 be considered for state and federal grants and loans.

Does your employer provide tuition reimbursement? ☐ No ☐ Yes
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 I MAY BE PHOTOGRAPHED OR VIDEOTAPE 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.