



GRADUATE DEGREE PROGRAMS

International Application For Admission

5700 College Road, Lisle, Illinois 60532

International Programs and Services Office Phone: (630) 829-1159

Outside Illinois: (888) 829-6363 FAX: (630) 829-6360

Email: admissions@ben.edu Web Address: ben.edu/admissions

ALL APPLICANTS FOR ADMISSION MUST PAY A \$40 APPLICATION FEE (U.S. DOLLARS) IN THE FORM OF A CHECK OR MONEY ORDER MADE PAYABLE TO BENEDICTINE UNIVERSITY. THE APPLICANT'S NAME AND BIRTH DATE SHOULD BE INCLUDED ON THE CHECK OR MONEY ORDER.

THE FEE PAYMENT MUST BE ATTACHED TO THIS APPLICATION. APPLICATIONS WILL NOT BE CONSIDERED UNLESS ACCOMPANIED BY THIS REQUIRED, NON-REFUNDABLE FEE.

INTERNATIONAL ADMISSIONS ONLY ACCEPTS ORIGINAL APPLICATIONS AND TRANSCRIPTS. FAXED MATERIALS CANNOT BE USED FOR ADMISSION DECISIONS.

APPLICATION INFORMATION AND CHECKLIST

APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Send all materials to: International Programs and Services, Benedictine University, 5700 College Rd., Lisle, IL 60532.
 2. **Official** transcripts bearing the signature of the registrar and the institutional seal must be issued by direct mail from the institution to Benedictine University's Office of Enrollment Services.
 3. Deadlines:

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|-------------------------|-----------------------------|----------------------------|--------------------------|
| Fall Quarter – August 1 | Winter Quarter – November 1 | Spring Quarter – January 1 | Summer Quarter – March 1 |
| Fall Semester – June 1 | Spring Semester – October 1 | | |
 4. Please note, all official documents must be in their original, unopened envelopes if not sent directly to Benedictine from the testing agency (ACT/SAT/GRE/GMAT/MAT/TOEFL/IELTS) or institution (academic documents). Bank statements cannot be photocopies or printouts. Those supported by a government or sponsoring agency, please attach a copy of your sponsorship or award letter. Financial support documents can not be older than six months at the time the I-20 is issued.
 5. All documents submitted become property of Benedictine University and may not be returned.
 6. Students transferring an I-20 should read the I-20 Transfer Policy in the Benedictine University Academic Catalog. Please note important requirements regarding course enrollment dates, full-time enrollment and vacation term eligibility.
 7. Students who are not able to obtain official academic documents due to extenuating circumstances such as conflict or natural disaster may be eligible for an Official Transcript Waiver. Please see the Benedictine University Academic Catalog for more information.
 8. International students studying on an F visa and are not enrolling in language training must demonstrate English Proficiency per the requirements of SEVP. Please see the Benedictine University English Proficiency Policy in the Academic Catalog for more information. TOEFL and IELTS scores are accepted, please see the Academic Catalog for TOEFL and IELTS score requirements.
- Application for admission and \$40 application fee (non-refundable)
 - Official and sealed** transcripts from ALL colleges in which you previously enrolled
 - Official** copy of TOEFL or IELTS test scores sent directly from the testing service
 - International Student Health Form
 - Foreign credit must be evaluated by Educational Perspectives at www.edperspective.org/benedictine or Education Credential Evaluators (ECE) at www.ece.org or World Education Services (WES) at www.wes.org.
 - Official bank statement
 - Official** copy of GMAT, GRE or MAT Test Scores or waiver
 - Letters of reference (2, 3 or 4 depending on program)
 - Goals statement
 - Autobiographical statement (only required for Clinical Psychology)
 - Personal interview may be required prior to an admissions decision
 - Resume (required for the M.B.A. and M.S. degrees in Accountancy, Management Information Systems, and Management and Organizational Behavior programs)
 - Photocopy of passport
 - Students on an F or J visa, please complete the International Admissions Application Questionnaire

GENERAL INFORMATION

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|------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------|------------------------------|
| LAST NAME (FAMILY) | FIRST (GIVEN) | MIDDLE | MAIDEN (IF ANY) | TELEPHONE | ALTERNATIVE TELEPHONE (CELL) |
| NAME IN FULL AS IT APPEARS ON PASSPORT | | | | | |
| MAILING ADDRESS (for Admissions and I-20 Documentation Purposes) | | | | SOCIAL SECURITY NUMBER (IF APPLICABLE) | |
| STREET | | | CITY | EMAIL ADDRESS | |
| STATE | 9-DIGIT ZIP CODE | COUNTRY | | RELIGION (OPTIONAL) | DATE OF BIRTH (mm/dd/yy) |
| PERMANENT ADDRESS (HOME COUNTRY) | | | | CURRENT TELEPHONE (IF DIFFERENT FROM ABOVE) | |
| CITY | | STATE | 9-DIGIT ZIP CODE | CURRENT EMAIL ADDRESS (IF DIFFERENT FROM ABOVE) | |
| COUNTY | COUNTRY | MARITAL STATUS | | <input type="checkbox"/> MALE | ETHNICITY (OPTIONAL) |
| | | <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER | | <input type="checkbox"/> FEMALE | |
| NAME OF HIGH SCHOOL | | | | MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED | |

PLEASE LIST THE NAME OF ALL COLLEGES, UNIVERSITIES, AND ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAMS IN WHICH YOU PREVIOUSLY ENROLLED AS A PART OF UNDERGRADUATE AND/OR GRADUATE COURSEWORK. THIS INFORMATION IS NECESSARY FOR A COMPLETE ACADEMIC HISTORY AND FAILURE TO DISCLOSE ALL PREVIOUS COLLEGE INFORMATION WILL RESULT IN IMMEDIATE DENIAL OF ADMISSION, REVOKING OF ADMISSIONS OR DISMISSAL FROM THE UNIVERSITY.

| NAME(S) OF ALL COLLEGE(S) ENROLLED (UNDERGRADUATE & GRADUATE LEVEL) | LOCATION | DATES ENROLLED | DEGREE CONFERRED | MAJOR | MINOR | GPA |
|------------------------------------------------------------------------|----------|----------------|------------------|-------|-------|-----|
|------------------------------------------------------------------------|----------|----------------|------------------|-------|-------|-----|

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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.

REQUIRED — CITIZENSHIP INFORMATION — MUST BE COMPLETED

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 should complete the graduate degree application.

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: _____

I am currently in the United States on an F-1 visa and plan to transfer my I-20 to Benedictine University. No Yes

If "yes", to the best of my knowledge my status is currently valid and I have not engaged in any activities that may jeopardize my status or result in my I-20 being terminated. No Yes

If "no", please explain: _____

I give permission for Benedictine University to contact my SEVIS advisor at my current school regarding transferring my I-20 to Benedictine. No Yes

I understand my SEVIS record must be transferred to Benedictine before the official start date of the term I will attend or I may need to defer my acceptance until the following term. No Yes

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 Your current I-94 (front and back)
 All I-20s and/or DS-2019s 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 government or international organization funds or funds from family or friends. (J-1 dependents will be issued J-2 visas.)
 I do not need Benedictine documents because my sponsoring agency will issue it (e.g. Fulbright).
 I will remain on _____ visa (attach photocopies of your visa and I-94).

INSURANCE INFORMATION

Health insurance is mandatory at Benedictine University for international students and their accompanying dependents. J1 students are required by the U.S. government to hold specific levels of coverage. Please contact your admissions counselor or the Office of International Programs and Services for more information. Insurance will be verified during your mandatory check in schedule with the Office of International Programs and Services.

Failure to maintain appropriate levels of health insurance for you and your dependents, through the duration of your program participation, will be considered a violation of non-immigrant status and will result in termination of your program. Please complete the section below, indicating that you understand these requirements and agree to abide by the regulations of the U.S. Department of State and Benedictine University.

I agree to provide health insurance coverage for myself and any dependents during the period beginning _____ to _____ (from Line 3 of DS-2019 or Line 5 of the I-20), either through home country government sponsorship or personal purchase. I understand that this insurance must meet the conditions outlined by U.S. Department of State (for J visa holders) and Benedictine University (for F1 visa holders) and that failure to meet this requirement may result in my termination from legal non immigrant status.

Student signature _____ Date _____

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 form of bank statement, certified scholarships or award letter must be received and will not be returned.

II. Sources 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 _____

FAMILY INFORMATION

Marital and Dependent Status

If your dependents (spouse and/or children under 21) will accompany you or join you within the first six months, you must provide financial support and information for dependents now.

- I am not married.
- I am married but plan to come alone and I will not request a document for my dependents for at least six months after I arrive.
- I am married and my spouse is a Benedictine student.

Name of Spouse: _____

Benedictine student ID of spouse (if known): _____

- I am married and the dependents listed below will come with me, are already in the United States or will join me within six months.

Approximate date of arrival: _____

Dependent 1

Family Name: _____

First Name: _____

Middle Name: _____

Relationship: _____

Date of Birth (mm/dd/yyyy): _____

Country of Citizenship: _____

Country of Residence: _____

Dependent 2

Family Name: _____

First Name: _____

Middle Name: _____

Relationship: _____

Date of Birth (mm/dd/yyyy): _____

Country of Citizenship: _____

Country of Residence: _____

GRADUATE 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: _____

ADMISSIONS INFORMATION

When do you expect to enter Benedictine University? Quarter Calendar: Year _____ Fall (September) Winter (January)
 (please see above for list of programs on quarters and semesters) Spring (March) Summer (June)
 Semester Calendar: Year _____ Fall (August) Spring (January) Summer (June)

I will be a: Full-Time Student* Part-Time Student I will be a: Campus Resident Commuter

*Full-time status is required for F and J visas.

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 Dates Enrolled _____

I am applying to the following schools: _____

Who referred you to Benedictine University?
 Name of Agent: _____

Are you or have you ever been an employee of Benedictine University? No Yes

On which campus do you plan to attend? Lisle (Main Campus) Springfield

I will attempt to transfer academic credit to Benedictine University: No Yes

LETTERS OF REFERENCE — PLEASE ATTACH

ALL LETTERS OF REFERENCE MUST BE FROM PROFESSIONAL OR ACADEMIC SOURCES.

- M.B.A., M.P.H., and M.S. degrees in Clinical Exercise Physiology, Science Content and Process, Accountancy, Leadership, Management Information Systems, Management and Organizational Behavior, and Nutrition and Wellness require two letters of reference.**
- M.A.Ed./M.Ed. requires three letters of reference.**
- M.S. in Clinical Psychology requires four 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 |

GRADUATE ENTRANCE TESTS

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Graduate Management Admission Test (GMAT) M.B.A., M.P.H., and M.S. degrees in Accountancy, Management Information Systems, and Management and Organizational Behavior | <input type="checkbox"/> Graduate Record Examination (GRE) M.P.H. and M.S. in Nutrition and Wellness | <input type="checkbox"/> Miller Analogies Test (MAT) M.P.H. and M.S. in Clinical Psychology | |
| _____ | _____ | _____ | |
| Date Taken | Score | Date Taken | Score |
| _____ | _____ | _____ | _____ |
| Date Taken | Score | | |
| <input type="checkbox"/> Test of English as a Foreign Language (TOEFL)/ International English Language Testing System (IELTS) | _____ | _____ | <input type="checkbox"/> PAPER-BASED TEST <input type="checkbox"/> INTERNET-BASED TEST |
| _____ | Date Taken | Score | |

EMPLOYER INFORMATION

ARE YOU CURRENTLY EMPLOYED? NO YES FULL-TIME PART-TIME

EMPLOYER/COMPANY NAME

POSITION

TELEPHONE

WORK EMAIL (OPTIONAL)

ADDRESS

CITY, STATE, ZIP

COUNTY

COUNTRY

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

ESSAY STATEMENT OF CAREER AND EDUCATIONAL GOALS — PLEASE ATTACH

Please submit an 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 SEMESTER 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 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.

I HEREBY ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER AND HAVE READ AND UNDERSTAND THE TERMS OF THIS APPLICATION AND RELEASE.

Signature of Applicant _____ Date _____