



## **UNDERGRADUATE BACHELOR'S 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) 829-6301

Email: [admissions@ben.edu](mailto:admissions@ben.edu) Web Address: [ben.edu/admissions](http://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:

1. Send all materials to: International Programs and Services, Benedictine University, 5700 College Road, Lisle, IL 60532.
2. A personal interview with an admissions counselor is generally advisable and occasionally required.
3. **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.
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.
9. You will be considered for admission as soon as all of your credentials are received.
10. You may be required to submit a personal statement prior to admissions decision.

### CHECKLIST OF REQUIRED MATERIAL

- Application for admission and \$40 application fee (non-refundable)
- Official** high school transcripts for FRESHMEN applicants only\*
- Official** ACT or SAT, and TOEFL or IELTS Test Scores.\* Students submitting TOEFL or IELTS may not be required to submit an ACT or SAT. Please contact the Office of Enrollment Services for more information at [admissions@ben.edu](mailto:admissions@ben.edu).
- One letter of recommendation. Students currently attending high school should submit a letter from their guidance counselor, transfer students should submit a letter from a faculty member or teacher.
- Foreign credit must be evaluated by Educational Perspectives at [www.edperspectives.org/benedictine](http://www.edperspectives.org/benedictine) or Education Credential Evaluators (ECE) at [www.ece.org](http://www.ece.org) or World Education Services (WES) at [www.wes.org](http://www.wes.org). Please contact the enrollment office at [admissions@ben.edu](mailto:admissions@ben.edu) to determine the type of evaluation report required.
- Official bank statement
- Photocopy of passport
- Proof of insurance is required upon arrival and may be provided by insurance company in the student's country or by applying through the forms included in the application packet
- Students on an F or J visa, please complete the International Admissions Application Questionnaire found at the end of this application.

\*High school transcripts and (ACT or SAT) test scores required for transfer students with less than 20 transferable semester hours.

**APPLICATION DEADLINES:** ALL STUDENTS ARE URGED TO APPLY FOR ADMISSION WELL IN ADVANCE OF THE SEMESTER THEY WISH TO ATTEND. HOWEVER, THE APPLICATION FOR ADMISSION AND ALL REQUIRED CREDENTIALS MUST REACH THE UNIVERSITY BY **MARCH 1** FOR THE SUMMER (JUNE AND JULY) TERMS, **JUNE 1** FOR THE FALL (BEGINNING IN AUGUST) TERM AND **OCTOBER 1** FOR THE SPRING (BEGINNING IN JANUARY) TERM. PLEASE NOTE: THE COMPLETE CURRICULUM IS NOT OFFERED IN THE SUMMER SESSIONS.

APPLICANTS WILL BE NOTIFIED OF THEIR ADMISSION STATUS AS SOON AS POSSIBLE AFTER RECEIPT OF THE SIGNED, COMPLETED APPLICATION FOR ADMISSION AND ALL APPLICATION REQUIREMENTS.

## GENERAL INFORMATION

LAST NAME (FAMILY)	FIRST (GIVEN)	MIDDLE	MAIDEN (IF ANY)	DAYTIME TELEPHONE	HOME/CELL TELEPHONE
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"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY (OPTIONAL)
Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a felony? <input type="checkbox"/> No <input type="checkbox"/> 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.					

## ADMISSIONS INFORMATION

When do you expect to enter Benedictine University?  Fall (August)  Spring (January)  Summer (June) Year \_\_\_\_\_

I will be a:  Full-Time Student (12+ hours) *Full-time status is required for F and J visa.*

I will be a:  Campus Resident or  Commuter

Have you taken or will you take?  ACT \_\_\_\_\_/\_\_\_\_\_  
COMPOSITE SCORE/DATE

SAT \_\_\_\_\_/\_\_\_\_\_  
COMPOSITE SCORE/DATE

TOEFL \_\_\_\_\_/\_\_\_\_\_  
COMPOSITE SCORE/DATE

INTERNET-BASED TEST  
 PAPER-BASED TEST

IELTS \_\_\_\_\_/\_\_\_\_\_  
COMPOSITE SCORE/DATE

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

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

What is your primary reason for applying to Benedictine University? \_\_\_\_\_

I am applying to the following schools: \_\_\_\_\_

Benedictine is my  First choice  Second choice  Third choice  Other \_\_\_\_\_



**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 undergraduate 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
  - 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 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).

**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 \_\_\_\_\_

## ACADEMIC INFORMATION

PLEASE INDICATE CHOICE OF MAJOR FIELD

### College of Business

- Accounting~
- I am applying to the dual admission program with Master of Science in Accountancy  
NOTE: Freshman applicants only
- Business Analytics~
- Business and Economics\*\*
- Business with Science Applications
- Economics
  - I am applying to the dual admission program with Master of Business Administration  
NOTE: Freshman applicants only
- Entrepreneurship~
- Finance~
- Human Resource Management~
- International Business and Economics~
- Management and Organizational Behavior\*
- Marketing~
- Undecided Business
- I am interested in applying to the College of Business 4+1 optio available with any business major  
(NOTE: Freshman applicants only):
  - 4+1 Master of Science in Accountancy
  - 4+1 Master of Science in Business Analytics
  - 4+1 Master of Science in Finance
  - 4+1 Master of Science in Management Information Systems
  - 4+1 Master of Science in Management and Organizational Behavior
  - 4+1 Master of Business Administration

### College of Education and Health Services

- Elementary Education+
- Exercise and Sports Studies
- Nutrition~
- Physical Education+
- Special Education^+
- Undecided Education and Health Services

### College of Liberal Arts

- Bilingual Journalism
- Communication Arts~
- Criminal Justice
- English Language and Literature#
- Global Studies~
- Graphic Arts and Design
- History
- International Studies~
- Medical Humanities
- Music
- Music Education+
- Philosophy
- Political Science~
- Psychology~
- Social Science#
- Sociology
- Spanish#~
- Studio Art
- Theology
- Writing and Publishing
- Undecided Liberal Arts

### College of Science

- Biochemistry/Molecular Biology
- Biology (B.A.)
- Biology (B.S.)#
- Chemistry#
- Clinical Laboratory Science+
- Clinical Life Science (Perfusion Technology Concentration)\*
- Clinical Life Science (Respiratory Care Concentration)\*
- Computer Information Systems
- Computer Science
  - I am applying to the dual admission program with Master of Science in Management Information Systems  
NOTE: Freshman applicants only
- Diagnostic Medical Sonography+
- Engineering Science
- Environmental Science
- Health Science
- Mathematics#~
- Nuclear Medicine Technology+
- Physics~
- Radiation Therapy\*
- Undecided Science

Undecided

### PRE-PROFESSIONAL HEALTH PROGRAMS (also select a major)

- Pre-Chiropractic
- Pre-Dental
- Pre-Medical
- Pre-Occupational Therapy
- Pre-Optometry
- Pre-Pharmacy
  - I am applying to the Dual Acceptance pharmacy program with Midwestern University\*  
NOTE: Freshman applicants only
- Pre-Physical Therapy
- Pre-Physician Assistant
- Pre-Podiatry
- Pre-Veterinary

### Do you plan to teach?

- No    Yes    Undecided
- Elementary    Secondary
- Special Education  
(select one)

Concentration – please specify \_\_\_\_\_ (see catalog, select majors only)

\* Concentration is required. (See catalog, select majors only)

~ Concentration is available. (See catalog, select majors only)

# Teacher certification available

^ Students who wish to teach secondary education must major in a specified subject

\* General admission does not guarantee acceptance into this specific degree program. An additional application process will be required later in this academic program.

## ATHLETICS

Do you currently participate in varsity athletics?    No    Yes

Are you interested in participating in intercollegiate sports at Benedictine University?    No    Yes

Please indicate the primary and secondary sport in which you wish to participate (W = Women's, M = Men's):

\_\_\_M Baseball   \_\_\_M Basketball   \_\_\_W Basketball   \_\_\_W Cheerleading   \_\_\_MW Cross Country   \_\_\_W Dance   \_\_\_M Football   \_\_\_M Golf   \_\_\_W Golf  
\_\_\_M Lacrosse   \_\_\_W Lacrosse   \_\_\_M Soccer   \_\_\_W Soccer   \_\_\_W Softball   \_\_\_W Tennis   \_\_\_MW Track & Field (indoor & outdoor)   \_\_\_M Volleyball   \_\_\_W Volleyball

Please list all sports in which you are involved and indicate level/position/awards. Attach a separate sheet, if needed.

## EXTRACURRICULAR ACTIVITIES

Are you interested in participating in extracurricular activities at Benedictine University? Please list activities and include all school, church and community activities. Please do not abbreviate the names of clubs or organizations.

Special Interests, Hobbies or Awards \_\_\_\_\_

Work experience (include hours per week) \_\_\_\_\_

## FAMILY INFORMATION

FATHER <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DECEASED				MOTHER <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DECEASED			
LAST NAME		FIRST NAME		LAST NAME		FIRST NAME	
STREET ADDRESS (IF DIFFERENT FROM YOURS)				STREET ADDRESS (IF DIFFERENT FROM YOURS)			
CITY	STATE	ZIP	COUNTRY	CITY	STATE	ZIP	COUNTRY
TELEPHONE		EMAIL ADDRESS		TELEPHONE		EMAIL ADDRESS	
EMPLOYER		JOB TITLE		EMPLOYER		JOB TITLE	
ADDRESS/CITY/STATE			WORK PHONE	ADDRESS/CITY/STATE			WORK PHONE

continued on next page

## FAMILY INFORMATION (CONTINUED)

### 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: \_\_\_\_\_

## 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 \_\_\_\_\_

## 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 \_\_\_\_\_

Signature of Parent or Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

\*Required if applicant is 17 years of age or younger