



Benedictine University
International Programs
and Services

Application for
Admission

5700 College Road, Lisle Illinois 60532

Email: ips@ben.edu

Office Phone: (630)829-6304

Web Address: ben.edu/IPS

GENERAL INFORMATION

Last Name(Family Name) First Name(Given) Name Middle Name

Maiden Name(If any) Full Name in Chinese/Vietnamese on Your Passport/ID

Other name(s) Preferred Full Name

Gender ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Other

Date of Birth(mm-dd-yyyy)

Nationality/Citizenship

Current Email Address

Alternative Email Address

Current Mobile Phone

Alternative Mobile/Office Phone

Current Mailing Address

Apt/Room/Condo #

St. /Rd.

District

City

Province

Country

Postal Code

PLEASE LIST THE NAME OF ALL COLLEGES AND UNIVERSITIES PREVIOUSLY ATTENDED 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 ADMISSION OR DISMISSAL FROM THE UNIVERSITY.

HAVE YOU EVER PLEADED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF, A FELONY?

☐ YES ☐ NO

IF YES, PLEASE PROVIDE DATE(S) (MM/DD/YY) 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.

Country of citizenship: _____

Country of birth: _____

ADMISSIONS INFORMATION

When do you expect to enter Benedictine University?

Quarter Calendar: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Semester Calendar: ☐ Fall (August) ☐ Spring (January) ☐ Summer (June)

Have you ever applied to any graduate program at Benedictine University? ☐ No ☐ Yes If Yes, When? _____

Have you ever attended Benedictine University? ☐ No ☐ Yes If Yes, dates attended(MM/DD/YY) _____

What is the name of Benedictine's partner university that you will be studying at in Asia?

GRADUATE ACADEMIC INFORMATION

☐ Master of Business Administration (M.B.A.)

☐ Master of Science in Management Information Systems (M.S.M.I.S.)

☐ Master of Public Health (M.P.H.)

☐ Master of Arts in Linguistics(M.A.L)

LETTERS OF REFERENCE — PLEASE ATTACH

Please attach two letters of reference.

Please list the name, relationship and position of references below:

NAME	RELATIONSHIP	POSITION
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NAME	RELATIONSHIP	POSITION
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GRADUATE ENTRANCE TESTS

- | | |
|--|-------|
| <input type="checkbox"/> Graduate Management Admission Test(GMAT) | Date |
| Taken(MM/DD/YY) | Score |
| <input type="checkbox"/> Test of English as a Foreign Language (TOEFL) | Date |
| Taken(MM/DD/YY) | Score |
| <input type="checkbox"/> College English Test (CET) | Date |
| Taken(MM/DD/YY) | Score |
| <input type="checkbox"/> Test of International English Language Testing System(IELTS) | Date |
| Taken(MM/DD/YY) | Score |

EMPLOYER INFORMATION

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

EMPLOYER NAME	JOB TITLE
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WORK PHONE	WORK E-MAIL
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EMPLOYER ADDRESS	STREET
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CITY	STATE/PROVINCE/TERRITORY
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DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

ESSAY STATEMENT OF CAREER AND EDUCATIONAL GOALS (GRADUATE DEGREE ONLY) — 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.

APPLICANTS PLEASE NOTE THE FOLLOWING:

- 1) Send all materials to International Programs and Services, 5700 College Rd. Lisle IL 60532, USA
- 2) A personal interview with a University representative is normally required and arranged prior to admission decision
- 3) You will be considered for admission only after all of your credentials are received.
- 4) Only original applications and transcripts are accepted.
- 5) All documents submitted become property of Benedictine University and will not be released to the student or any third-party.

APPLICANTS PLEASE REVIEW:

All applications shall be prepared according to the order specified below and each item shall be checked before submission. Applications are considered for admission only after all of the required credentials are received.

- ☐ Asia Programs- International graduate application
- ☐ A bachelor's degree (4-year degree) from an accredited University
- ☐ English Proficiency Certificate or required documents
- ☐ Official transcripts and certified diplomas from college/universities previously attended with an English translation. Official and sealed transcripts must be issued by the school with signature of the registrar and the institutional seal.
- ☐ Two letters of reference from professors, school officials or employers
- ☐ Personal statement of the student's educational and career goals
- ☐ Résumé/Curriculum Vitae

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 NONELECTRONIC 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(MM/DD/YY) _____