



FOR OFFICE USE ONLY	Date Received
Fee	CA

GENERAL INFORMATION

LAST NAME (PLEASE PRINT)		FIRST	MIDDLE	MAIDEN (IF ANY)	TELEPHONE
STREET ADDRESS					ALTERNATE TELEPHONE (CELL)
CITY			STATE	ZIP CODE	SOCIAL SECURITY NUMBER
COUNTY		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		ETHNICITY (OPTIONAL)	E-MAIL ADDRESS
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NO, ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> Yes (Please attach a copy of your Green Card.) <input type="checkbox"/> No (Please file an International Student Application.)			RELIGION (OPTIONAL)
					DATE OF BIRTH
NAME OF HIGH SCHOOL		LOCATION		MONTH/YEAR OF HIGH SCHOOL GRADUATION (OR ATTACH A COPY OF YOUR GED)	
NAME(S) OF COLLEGE(S) ATTENDED		LOCATION		DATES ATTENDED	
FAILURE TO DISCLOSE ALL PREVIOUS COLLEGE INFORMATION WILL RESULT IN DENIAL OF ADMISSION/DISMISSAL. IF ADDITIONAL SPACE IS NEEDED, PLEASE INCLUDE LIST ON SEPARATE PAGE.					

ADMISSIONS INFORMATION

When do you expect to enter Benedictine University at Springfield? Fall Spring Summer Winter Year _____

Have you ever applied for admission to Benedictine University at Springfield? Yes No If yes, when? _____

Have you ever attended Springfield College in Illinois/Benedictine University? Yes No Dates Attended _____

I am applying to the following schools: _____

Benedictine University at Springfield is my 1st choice 2nd choice 3rd choice Other

How did you hear about Benedictine University graduate programs? Friend Radio Newspaper TV Other _____

ACADEMIC INFORMATION

PLEASE INDICATE MASTER'S DEGREE AREA OF STUDY:

Business Administration (MBA) Master of Education (M.Ed.), Reading/Literacy (Reading Specialist)

Management and Organizational Behavior (MSMOB) Other: _____

Master of Arts in Education (MAEd.)

READ CAREFULLY AND SIGN AS INDICATED

I AGREE TO COMPLY WITH THE REGULATIONS AND REQUIREMENTS OF BENEDICTINE UNIVERSITY AT SPRINGFIELD, 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. I HEREBY AUTHORIZE BENEDICTINE UNIVERSITY AT SPRINGFIELD TO INVESTIGATE ANY STATEMENT CONTAINED IN THIS APPLICATION. I HEREBY RELEASE ANY PARTY FROM LIABILITY AS A RESULT OF ANY INFORMATION PROVIDED TO BENEDICTINE UNIVERSITY AT SPRINGFIELD. IT IS UNDERSTOOD THAT I ACCEPT REGISTRATION AS A STUDENT AT BENEDICTINE UNIVERSITY AT SPRINGFIELD CAMPUS SUBJECT TO THE ABOVE PROVISIONS.

I UNDERSTAND THAT I MAY BE PHOTOGRAPHED OR VIDEO RECORDED WHILE AT BENEDICTINE UNIVERSITY AT SPRINGFIELD. I GIVE PERMISSION FOR PHOTOS OR VIDEO RECORDINGS OF ME TO BE USED TO PROMOTE BENEDICTINE UNIVERSITY AT SPRINGFIELD AND THAT SUCH PHOTOS AND VIDEOS WILL BE THE PROPERTY OF BENEDICTINE UNIVERSITY AT SPRINGFIELD. I ALSO GIVE PERMISSION FOR INFORMATION ABOUT MY ACCOMPLISHMENTS WHILE A STUDENT AT BENEDICTINE UNIVERSITY AT SPRINGFIELD TO BE USED TO PROMOTE THE SCHOOL.

Signature of Applicant _____ Date _____

Please complete the back of this page. ▶

FINANCIAL AID INFORMATION (please ONE box and complete information requested)

WAIVER OF FINANCIAL ASSISTANCE

I am not interested in financial assistance. I do not plan to submit a Free Application for Federal Student Aid (FAFSA)

x

Signature

NEED-BASED FINANCIAL AID AND SCHOLARSHIPS

I would like to be considered for any form of assistance for which I qualify, including student loans. I understand that it is necessary to file the Free Application for Federal Student Aid (FAFSA) to qualify for need-based financial aid.

x

Signature

Have you filed the FAFSA? No Yes Date Filed: _____

How do you plan to finance your education?

Personal

Employer tuition reimbursement

If you receive scholarships from outside sources, you must notify financial aid.

EMPLOYER INFORMATION

ARE YOU CURRENTLY EMPLOYED? Yes No Part Time Full Time

EMPLOYER/COMPANY NAME

POSITION

TELEPHONE

WORK E-MAIL (OPTIONAL)

ADDRESS

CITY, STATE, ZIP

COUNTY

COUNTRY

EMERGENCY CONTACT

NAME

PHONE NUMBER

RELATIONSHIP

ESSAY STATEMENT OF CAREER & 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.

LETTERS OF REFERENCE AND RÉSUMÉ - PLEASE ATTACH

Please submit two letters of reference and a résumé. (Education majors require three letters of reference.)

NOTICES

Applicants please note the following:

1. Send all materials to: Graduate & Professional Studies, Benedictine University at Springfield, 1500 North Fifth Street, Springfield, IL 62702.
2. A personal interview with a University representative is generally advisable and occasionally required.
3. **Official** transcripts bearing the signature of the registrar and the institutional seal must be assured by direct mail from the institution to Benedictine University at Springfield Graduate & Professional Studies Office.
4. You will be considered for admission as soon as all of your credentials are received.

Applicants please review checklist:

- Application for admission and \$40 application fee (non-refundable)
- Official** transcripts from ALL colleges previously attended
- Official** copy of GMAT, GRE, MAT or TOEFL Test Scores
(GMAT may be waived)
- Application for Financial Aid (or waiver of)
- Two letters of reference and a résumé (Education Majors require three letters)
- Goals statement
- Personal interview may be required prior to an admission decision