Benedictine University

ASIA INSTITUTE GRADUATE PROGRAM IN ASIA

International Application For Admission

5700 College Road, Lisle, Illinois 60532

Enrollment Center Phone: (630) 829-6300 Outside Illinois (888) 829-6363 FAX: (630) 829-6301

E-mail: admissions@ben.edu Web Address: www.ben.edu

2009-2010

Thank you for your interest in Benedictine University. Please print clearly in ink or type and complete all sections. Please refer to the applicants checklist.

GENERAL INFORMATION

NAME IN ENGLISH	LAST NAME	FIRST NAME	TELEPHONE	ALTERNATIVE TELEPHONE (CELL)
NAME IN NATIVE LANGUAGE			SOCIAL SECURITY NUMBER (IF APPLICABLE)	
HOME COUNTRY ADDRESS			E-MAIL ADDRESS	
STREET			RELIGION (OPTIONAL)	
CITY	STATE	ZIP CODE	DATE OF BIRTH (mm/dd/yy)	
PRESENT LOCAL ADDRESS (IF DIFFERENT FROM ABOVE)			CURRENT TELEPHONE (IF DIFFERENT FROM ABOVE)	
CITY	STATE	ZIP CODE	CURRENT E-MAIL ADDRESS (IF DIFFERENT FROM ABOVE)	

COUNTY	MARITAL STATUS ❒ SINGLE ❒ MARRIED	❒ MALE ❒ FEMALE	ETHNICITY (OPTIONAL)	MONTH/YEAR OF HIGH SCHOOL GRADUATION OR GED

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

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) 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 Dates Attended _____

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 Public Health (M.P.H.)
❒ Master of Science in Management Information Systems (M.S.M.I.S.)
❒ Doctor of Philosophy in Organization Development (PH.D.O.D.)

LETTERS OF REFERENCE — *PLEASE ATTACH*

Please attach two letters of reference.

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

NAME	RELATIONSHIP	POSITION
NAME	RELATIONSHIP	POSITION

GRADUATE ENTRANCE TESTS

❒ Graduate Management Admission Test (GMAT) _____ Date Taken _____ Score

❒ Test of English as a Foreign Language (TOEFL) _____ Date Taken _____ Score ❒ PAPER-BASED TEST ❒ COMPUTER-BASED TEST ❒ INTERNET-BASED TEST

❒ College English Test (CET) _____ Date Taken _____ Score/Band Level

❒ Test of International English Language Testing System (IELTS) _____ Date Taken _____ Score

EMPLOYER INFORMATION

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

EMPLOYER/COMPANY NAME	POSITION
TELEPHONE	WORK E-MAIL (OPTIONAL)
ADDRESS	
CITY, STATE, ZIP	
COUNTY	COUNTRY
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.

APPLICATION INFORMATION

APPLICANTS PLEASE NOTE THE FOLLOWING:

1. Send all materials to: Asia Institute, Benedictine University, 5700 College Road, Lisle, IL 60532, U.S.A.
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 issued by direct mail from the institution to Benedictine University's Asia Institute.
4. You will be considered for admission as soon as all of your credentials are received.
5. Only original applications and transcripts are accepted.
6. The non-refundable application fee is $40 for all applicants. Please make check, credit card, or money order payable to Benedictine University. The applicant's name and birthday must be included on the check or money order.

APPLICANTS CHECKLIST

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 Institute Graduate Program in Asia 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 references from professors, school officials or employers

❒ Personal statement of the student's educational and career goals

❒ Résumé

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 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 VIDEOTAPED 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.

Signature of Applicant _____ Date _____