

Nonmatriculated and Visiting Student Registration Form

International (Undergraduate and Graduate)

ONLINE LEARNING ONLY

Please read the instructions below carefully and complete the entire application.

Submit the following items to the Office of the Registrar.

- Completed Nonmatriculated and Visiting Student Registration Form. (Visiting students: please be sure to have the certification at the end of this application completed and signed before submitting).
- 2. **Official college/university transcripts** from each institution you are attending, translated to English.

Have you previously attended St. John's University? Yes No

3. **Official score reports** for the Test of English as Foreign Language (TOEFL) or IELTS if your native language is other than English.

Required materials may be sent via fax to 718-990-1677, via e-mail (for scanned copy) to visitingstudent@stjohns.edu, or via mail to:

St. John's University Office of the Registrar Newman Hall, Room 106 8000 Utopia Parkway Queens, NY 11439

Important: Please type or print clearly.		
Social Security Number (Optional)	Date of Birth (Month/Day/Year)	
I am applying as a visiting student for	r the	
Queens campus 8000 Utopia Parkway Queens, NY 11439	○ Staten Island campus 300 Howard Avenue Staten Island, NY 10301	
I plan to start in	(September) Spring 20 (January) Summer 20	
Applicant's Last Name (Surname)	First Name (Given Name) Middle Name	
Address (Number and Street Address)	A	partment No
City	State/Province Zip/Postal Code Country	
Home Telephone (Include Area Code)	Work Telephone (Include Area Code)	
E-mail Address	Gender () Male ()	Female

Citizenship
I am a US Citizen Non-US Citizen Permanent Resident Other
If you are a non-US citizen, please indicate your country of citizenship.
If you have a nonimmigrant visa, please list type.
Are you planning to enter the US on an F-1 visa in order to study at St. John's University?
Academic Plans
Please indicate the major that you are currently studying.
Major Major
Ethnic Origin (Optional)
Please check one:
Hispanic or Latino Not Hispanic or Latino
Select one or more categories to indicate what you consider yourself to be:
American Indian or Alaskan Native Native American or Alaskan Native Black or African-American Black or African-American Black or African-American Hispanic Hispanic Hispanic Native Hawaiian Native Hawaiian
Asia OBIACK, AITICAN OHIS PACIFIC Islander
Asian or Far East Black, Caribbean/West Indian Hispanic, Puerto Rican White
Asian Other Arab, N. African, Middl
Caucasian, All Other He
Religious Affiliation
Please check one: Baptist Slamic Mormon/LDS Russian Orthodox Other
Buddhist Jehovah's Witness Pentecostal Seventh Day Adventist
Episcopal Jewish Presbyterian Sikh
○ Greek Orthodox ○ Lutheran ○ Protestant ○ Non-Denominational
☐ Hindu ☐ Methodist ☐ Roman Catholic ☐ None
Educational Background
Name of College/University
City State From (Month/Year) To (Month/Year)
Graduation Date or /
Expected Graduation Date
Standard Test Scores-International Students Only
If you are an international student, please indicate below all the dates on which you have taken and/or plan to take the TOEFL or IELTS. Please have all test scores sent to St. John's University. When applying for the tests, indicate that St. John's is to receive score reports.
Month/Year Month/Year Month/Year
TOEFL / / /
IELTS / / /

Courses to b	oe Taken at St. John	's					
Please indicate	courses in order of pre	ference. For a list of avail	able courses, visi	t stjohns.edu/courses.			
Subject	Course Number	Course Reference	Credit Hours	Summer Session Only		Fall Carlon	
		Number [CRN]		Pre Summer I Sur	nmer II Post	Fall Spring	
Previous Dis	smissal or Suspensi	on					
			ed. expelled. or	required to withdraw	from any seconda	arv or	
		ion? If yes, please expl			~ , ~	No	
		216			0,4		
Have you bee	en convicted of a felo	ny? If yes, please expla	ain on a separa	te piece of paper.	○ Yes ○	No	
Your Signat	ure						
				ted, I agree to abide by a			
		the University bulletins. A cation of records is grour		ontained herein is, to the	e best of my knowle	edge, true	
	(,			,			
Signature				Date (Month/Da	av/Year)		
Jighatare				Date (Monthly De			
Certification	า		_				
					···	0 ()	
Certification	n for Students Enr	olled in Other Instit	tutions of Hi	gher Education (Vis	iting Students	Only)	
This is to cert	tify that		is	in good standing at _			
	,	(Student Name)		3 -		e of Institution)	
has permission	on to register for the	e courses listed above	<u>2</u> .				
(Signature of Dean/Registrar)				(Title)			
(Signature of Dearl/Negistral)				(mae)			

For more information, please visit our website at **stjohns.edu/visitingstudents** or call **1-888-9STJOHNS or 718-990-2000.**