

## Visiting Student Registration Form *Undergraduate*

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

Submit this form to the Office of the Registrar.

• In order to register, this for	orm must be signed by a c	lean or registrar on side 2.	
Completed form may be so visitingstudent@stjohns.ed		7, via e-mail (for scanned cop	oy) 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			
Queens campus 8000 Utopia Parkway Queens, NY 11439	Staten Island campus 300 Howard Avenue Staten Island, NY 10301		
I plan to start in Fall 20	(September) Spring 20	(January) Summer 20	
Applicant's Last Name (Surname)	First Name (Giv	ren Name) Middle	Name
Address (Number and Street Address)			Apartment No.
City	State/Province Zip/	Postal Code Cou	untry
Home Telephone (Include Area Code)	Work Telephone (I	nclude Area Code)	
E-mail Address		Gender (	Male Female
Have you previously attended St. John's	University? Yes No		
Ethnic Origin (Optional)			
Please check one:			
Hispanic or Latino Not	Hispanic or Latino		
Select one or more categor	ies to indicate what you c	onsider yourself to be:	
American Indian or Alaskan Native	Black or African-American	Hispanic	Native Hawaiian
Native American or Alaskan Native	Black, African-American	Hispanic, Cuban	or Other Pacific Islander  Native Hawaiian
Asia	Black, African	Hispanic, Mexican	Pacific Islander
Asian or Far East	Black, Caribbean/West Indian Black, Other	Hispanic, Puerto Rican Hispanic, South/Central American	White
☐ Indian Subcontinent ☐ Asian, Other	Juck, Other	Hispanic, Other	Arab, N. African, Middle East
			, caacasia., , in other richtay

Religious Affiliation			
Please check one:  Baptist   Islamic   Jehovah's Witness   Jewish   Jewish   Lutheran   Hindu   Methodist	<ul><li> Mormon/LDS</li><li> Pentecostal</li><li> Presbyterian</li><li> Protestant</li><li> Roman Catholic</li></ul>	Russian Orthodox Seventh Day Adventist Sikh Non-Denominational None	Other
Educational Background			
Name of College/University  City	State From (M	onth/Year) To (Month/Year)	
Graduation Date or Expected Graduation Date			
Courses to be Taken at St. John's			
Please indicate courses in order of preference. For	or a list of available courses in	lassa visit stiphas adulcaursas	
Previous Dismissal or Suspension  Have you ever been disciplined for miscond postsecondary educational institution? If ye  Your Signature  I, the undersigned, hereby apply for admission t University, including those set forth in the University, including those set forth in the University.	uct, suspended, expelled, c s, please explain on a sepa s, please explain on a sepa o St. John's University. If accersity bulletins. All information	rate sheet of paper. Ye rate piece of paper. Ye pted, I agree to abide by all the rule contained herein is, to the best of r	s No  No  s and regulations of the
and complete. (Any omission or falsification of r	ecoras is grounas for aismissa	11.)	
Signature		Date (Month/Day/Year) _	
Certification			
Certification for Students Enro	olled in Other Instit	tutions of Higher Educa	ation
This is to certify that		is in good standing at	
	t Name)	.s 900a standing at	(Name of Institution)
has permission to register for the course	s listed above.		
(Signature of Dean/Registrar)		(Title)	

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