Visiting Student Registration Form
Undergraduate

Please return this form to the Office of the Registrar.

- **In order to register**, this form must be signed by a dean or registrar on side 2.
- **Completed** form 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 the

- 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 (Given Name) Middle Name

Address (Number and Street Address) Apartment No.

City State/Province Zip/Postal Code Country

Home Telephone (Include Area Code) Work Telephone (Include Area Code)

E-mail Address Gender  ○ Male  ○ Female

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

**Ethnic Origin (Optional)**

- Asian or Far East
- Indian Subcontinent
- Pacific Islander
- Black, African American
- Black, Caribbean/West Indian
- Arab, N. African, Middle East
- Caucasian
- Hispanic, Cuban
- Hispanic, Mexican
- Hispanic, Other
- Native American or Alaskan
- Other (specify)____________
### Religious Background (optional)

- [ ] Roman Catholic
- [ ] Lutheran
- [ ] Russian Orthodox
- [ ] None
- [ ] Jewish
- [ ] Methodist
- [ ] Seventh-Day Adventist
- [ ] Nondenominational
- [ ] Baptist
- [ ] Mormon
- [ ] Islam
- [ ] Other (specify)
- [ ] Presbyterian
- [ ] Protestant
- [ ] Buddhist
- [ ] Hindu
- [ ] Nondenominational

### Educational Background

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<thead>
<tr>
<th>Name of College/University</th>
<th>City</th>
<th>State</th>
<th>From (Month/Year)</th>
<th>To (Month/Year)</th>
<th>Graduation Date or Expected Graduation Date</th>
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### Courses to be Taken at St. John’s

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<tr>
<th>Subject</th>
<th>Course Number</th>
<th>Course Reference Number [CRN]</th>
<th>Credit Hours</th>
<th>Summer Session Only</th>
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### Previous Dismissal or Suspension

Have you ever been disciplined for misconduct, suspended, expelled, or required to withdraw from any secondary or postsecondary educational institution? If yes, please explain on a separate sheet of paper.  
Yes [ ] No [ ]

Have you been convicted of a felony? If yes, please explain on a separate piece of paper.  
Yes [ ] No [ ]

### Your Signature

I, the undersigned, hereby apply for admission to St. John’s University. If accepted, I agree to abide by all the rules and regulations of the University, including those set forth in the University bulletins. All information contained herein is, to the best of my knowledge, true and complete. (Any omission or falsification of records is grounds for dismissal.)

Signature ___________________________ Date (Month/Day/Year) ___________________________

### REQUIRED

**CERTIFICATION FOR STUDENTS ENROLLED IN OTHER INSTITUTIONS OF HIGHER EDUCATION**

This is to certify that __________________________ is in good standing at __________________________ and has permission to register for the courses 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.