Visiting and Nonmatriculated Student Registration Form
International (Undergraduate and Graduate)

Please submit the following items to the Office of the Registrar:

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

1. Complete Visiting and Nonmatriculated Student Registration Form (visiting students, please be sure to have the approval at the end of this application completed and signed before submitting).

2. Official college/university transcripts from each institution you are attending.

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

4. If you are not currently enrolled in school for a semester or more, you must submit a written statement outlining your activities during that time.

5. Visiting students who have attended a university or postsecondary institution outside the United States must have their records evaluated by a certified credential evaluation service such as IERF or WES. The evaluation must include US grade and credit equivalents. Additional certified credential evaluation services can be found at neces.org.

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
**Citizenship**

I am a:  
- [ ] US Citizen  
- [ ] Non US Citizen  
- [ ] Permaent 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?  
- [ ] Yes  
- [ ] No  

**Academic Plans**

Please indicate the major that you are currently studying.  

Major:  

**Ethnic Origin (Optional)**

- [ ] Asian or Far East  
- [ ] Black, Caribbean/West Indian  
- [ ] Hispanic, Cuban  
- [ ] Other (specify)  
- [ ] Muslim  
- [ ] African  
- [ ] Hispanic, Mexican  
- [ ] Hispanic, Other  
- [ ] Native American or Alaskan  

**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.  

<table>
<thead>
<tr>
<th>Test</th>
<th>Month/Year</th>
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<td>TOEFL</td>
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<td>IELTS</td>
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### Courses to be Taken at St. John’s

Please indicate courses in order of preference. For a list of available courses, visit stjohns.edu/courses.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course Number</th>
<th>Course Reference Number (CRN)</th>
<th>Credit Hours</th>
<th>Summer Session Only Pre</th>
<th>Summer I</th>
<th>Summer II</th>
<th>Post</th>
<th>Fall</th>
<th>Spring</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) __________________________

### Certification for Students Enrolled in Other Institutions of Higher Education (Visiting Students Only)

This is to certify that ___________________________ is in good standing at ___________________________ and ___________________________.

(Student Name) (Name of Institution)

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.