Visiting Student Registration Form
International (Undergraduate and Graduate)
ONLINE LEARNING ONLY

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

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

1. **Complete** Visiting Student Registration Form. (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, translated to English.

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

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.

<table>
<thead>
<tr>
<th>Social Security Number (Optional)</th>
<th>Date of Birth (Month/Day/Year)</th>
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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

<table>
<thead>
<tr>
<th>Applicant’s Last Name (Surname)</th>
<th>First Name (Given Name)</th>
<th>Middle Name</th>
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<th>Address (Number and Street Address)</th>
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<th>E-mail Address</th>
<th>Gender</th>
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<tr>
<th>Have you previously attended St. John’s University?</th>
<th>Yes</th>
<th>No</th>
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### 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?  
- [ ] Yes  
- [ ] No

### Academic Plans

Please indicate the major that you are currently studying.

Major

### Religious Background (Optional)

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

### Educational Background

Name of College/University

City State

From (Month/Year) To (Month/Year)

Graduation Date or Expected Graduation Date

### Ethnic Origin (Optional)

- [ ] Asian or Far East  
- [ ] Black, Caribbean/West Indian  
- [ ] Hispanic, Cuban  
- [ ] Other (specify) _____________
- [ ] Indian Subcontinent  
- [ ] Black, African  
- [ ] Hispanic, Mexican  
- [ ] Other (specify) _____________
- [ ] Pacific Islander  
- [ ] Arab, N. African, Middle East  
- [ ] Hispanic, Other  
- [ ] Native American or Alaskan
- [ ] Black, African American  
- [ ] Caucasian  
- [ ] Other (specify) _____________

### 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>
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<tr>
<th>Test</th>
<th>Month/Year</th>
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<td>IELTS</td>
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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
- [x] No

Have you been convicted of a felony? If yes, please explain on a separate piece of paper.

- [ ] Yes
- [x] 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

Certification for Students Enrolled in Other Institutions of Higher Education

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.

## 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</th>
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