ST. JOHN’S UNIVERSITY

REGISTRATION BEGINS NOW.

NEW STUDENT GUIDE

TO ENROLLMENT AND ORIENTATION | FALL 2017

REGISTRATION BEGINS NOW.
READY TO MAKE THE WORLD A BETTER PLACE?

(You’ll want to fill out a few forms first.)

It’s time to take the next step on your path to success—your undergraduate career at St. John’s University.

This is your official package preparing you for your fall semester. If you’re planning to live on campus, be sure to download our Live at SJU: Guide to Residence Life and submit the housing application, which is available on our New Student landing page at stjohns.edu/NewStudent. Freshmen must also complete the housing questionnaire.

Find the statement below that best describes you. Follow the instructions. ONLY fill out the forms that apply to you. By state or institutional mandate, all new students are required to complete medical, immunization, physical exam, and meningitis awareness forms. Students who fail to submit these forms will not be able to matriculate at St. John’s.

“I am a new freshman.”
Please read, complete, and return the following forms:
- Final high school transcripts, including final grades, and date of graduation
- Academic honor pledge
- Medical records, physical examination, and immunization forms
- Meningitis form
- Registration for New Student Orientation via the web at stjohns.edu/orientation
- Deposited resident students: access Housing Portal to sign housing agreement, submit profile, and select roommates and room (Refer to Live at SJU: Guide to Residence Life for instructions and deadlines.)

“I am a new transfer student.”
Please read, complete, and return the following forms:
- Final high school transcripts, including grades and date of graduation (for those who do not have an associate degree)
- Final college transcripts, including final grades
- Academic honor pledge
- Medical records, physical examination, and immunization forms
- Meningitis form
- Registration for New Student Orientation via the web at stjohns.edu/orientation
- Deposited resident students: access Housing Portal to sign housing agreement, submit profile, and select roommates and room (Refer to Live at SJU: Guide to Residence Life for instructions and deadlines.)

Please fill out all forms that apply to you and return the forms. Also, please remember to register for Student Orientation by visiting stjohns.edu/orientation.

Orientation is mandatory.
To complete your enrollment, St. John’s needs confirmation of your high school graduation. Please complete this form and take it to your high school guidance or transcript office as soon as possible after graduation. Have your high school send St. John’s your final transcript showing your final grades and date of graduation by Friday, July 14, 2017.

Thank you. We look forward to seeing you at Orientation.

Name: _______________________________________________________________________________

St. John’s Student ID #: X ______________________ Date of Birth: ______________________

St. John’s University campus you will attend:  □ Queens       □ Staten Island    □ Online Learning

Transcript Office: Please send an official copy of my high school transcript—including final grades and date of graduation—to the following address:

St. John’s University
Office of Admission Processing Center
P.O. Box 413
Randolph, MA  02368

Student’s Signature: __________________________________________________________________

Date: ______________________________________________________________________________

Questions? Call the Office of Undergraduate Admission.

Queens Campus
718-990-1802
admission@stjohns.edu

Staten Island Campus
718-390-4500
siadmissions@stjohns.edu
To complete your enrollment, St. John's needs final transcripts from each college you have attended. Please complete this form and take it to your college registrar's office. Have them send St. John’s your final transcript, showing your final grades, by Friday, July 14, 2017.

Thank you. We look forward to seeing you at Orientation.

Name: ____________________________________________________________

St. John’s Student ID #: X_________________________ Date of Birth: __________

St. John’s University campus you will attend: ☐ Queens ☐ Staten Island ☐ Online Learning

Registrar’s Office: Please send an official copy of my college transcript—including final grades and date of graduation, if applicable—to the following address:

St. John’s University
Office of Admission Processing Center
P.O. Box 413
Randolph, MA 02368

Student’s Signature: ________________________________________________

Date: ______________________________________________________________

Questions? Call the Office of Undergraduate Admission.

Queens Campus
718-990-1802
admission@stjohns.edu

Staten Island Campus
718-390-4500
siadmissions@stjohns.edu
St. John’s University is a diverse community of teachers and scholars committed to the principles of truth, love, respect, opportunity, excellence, and service. Members of the St. John’s University community strive to create an atmosphere that embodies the University’s Vincentian mission. Students and faculty commit themselves to the pursuit of wisdom and academic excellence, while fostering a responsibility for serving others. As members of this community, students are expected to maintain the principles of compassion and the values of honesty and academic integrity.

In accordance with this pledge, students acknowledge their commitment to the values and principles of the mission of St. John’s University.

1. I will not tolerate or participate in any form of academic fraud by cheating, lying, or stealing, nor will I accept the actions of those who choose to violate this code.

2. I will conduct myself both honorably and responsibly in all my academic and nonacademic activities as a St. John’s University student.

Adopted by the University community and Student Government, Inc., April 2003.

Name (please print): __________________________________________________________________________________

Student’s Signature: __________________________________________________________________________________

St. John’s Student ID #: X_________________________ Date: ________________________________

Please complete by Friday, July 14, 2017, and return to
St. John’s University
Office of Admission Processing Center
P.O. Box 413
Randolph, MA 02368
PLEASE COMPLETE THE MEDICAL FORMS ONLINE BY FOLLOWING THE INSTRUCTIONS BELOW, OR COMPLETE AND FAX, MAIL, OR RETURN IN PERSON THE SUBSEQUENT FORMS.

Create your online portal account:

2. Click Register from the top menu.

   - **User Name**—create your own user name; if you have received your St. John’s e-mail we suggest using the same user name, e.g., john.smith20 (first.last##, where ## represents the two-digit year of your start at St. John’s)
   - **University ID**—enter your St. John’s University X number
   - Enter your **First Name** and **Last Name** as supplied on your admission materials; if you already have your StormCard, please enter your name as it appears there.
   - **Birth Date**—enter your birthday in the following format: MM/DD/YYYY
3. When complete, click Submit and you will receive an e-mail with your unique link to set up your password.

☐ I have completed my medical forms online.
Medical Records

(Please retain a copy for your files.)

Please complete and upload to the patient portal, fax, mail, or return in person to Health Services at the Queens campus.

Student Health Services
Queens Campus
8000 Utopia Parkway
Queens, NY 11439
Tel. 718-990-6360
Fax 718-990-2368
stjohns.edu

Please print.

Name: ____________________________ Date of Birth: ____________________________
Address: __________________________________________________ Home Tel.: ______________________________
___________________________________________________________________________________________
Student X #: ________________________________________________________________________________________
Emergency Contact Name: _________________________________ Tel.: ____________________________________
Campus where you are enrolled (check one):       ☐ Queens       ☐ Manhattan       ☐ Staten Island
Medical History (Include dates if possible):

Allergy—Drugs: ____________________________ Allergy—Other: ____________________________
Allergy—Foods: ____________________________ Kidney Disease: ____________________________
Heart Disease: ____________________________ Chicken Pox: ____________________________
Diabetes: ____________________________ Asthma: ____________________________
Hypertension: ____________________________ Seizure Disorder: ____________________________
Hypoglycemia: ____________________________ Other: ____________________________

Have you had any serious accidents? ☐ Yes ☐ No Nature of injury: ____________________________
List of operations and dates: ________________________________________________________________

Do you take prescribed medications on a regular basis? ☐ Yes ☐ No
If yes, please list: ________________________________________________________________

Do you have a physical, learning, or other disability of which the University should be aware in order to help you achieve your educational goals? ☐ Yes ☐ No
If yes, please describe: ________________________________________________________________

Would you like the Office of Disabilities Services to contact you? ☐ Yes ☐ No

Health insurance is **MANDATORY** for all resident and international students.

**CONSENT FOR MEDICAL TREATMENT:** The law requires that parental permission be obtained so that medical treatment can be administered to students under the age of 18.

I hereby grant permission for medical evaluation, treatment, and/or hospitalization in case of illness or accident for myself/son/daughter/guardian. I grant permission for hospital admission and for administration of anesthetics and necessary operative procedures in an emergency. I give permission for the release of information concerning my/his/her medical condition to other responsible University officials when necessary.

Name of Student: ____________________________________ Student X #: ____________________________
Signature of Parent/Guardian: ____________________________ Date: __________ Tel.: ____________________________
**Physical Examination**
(To be completed by physician or health care provider.)

Please complete and upload to the patient portal, fax, mail, or return in person to Health Services at the Queens campus.

**Student Name:** _____________________________  **Date of Birth:** ___________________________

**Student X #:** ______________________________  **Gender:**  □ Male  □ Female

**Campus where you are enrolled:** (check one)  □ Queens  □ Manhattan  □ Staten Island

**Height:** ____________  **Weight:** ____________  **Blood Pressure:** _______  **Pulse:** _______

**Vision:** _______  **Right:** _______  **Left:** _______  **Corrected:**  

**For Health Sciences Students only:**

**Color Vision Screening**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
<th>Date:</th>
</tr>
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</table>

**Urinalysis Result**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Blood Count**

<table>
<thead>
<tr>
<th>HCT:</th>
<th>HGB:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Head, neck, face, and scalp**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

**Nose and sinuses**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

**Mouth, teeth, gingival**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

**Ears**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

**Eyes**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

**Lungs, chest, and breasts**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

**Heart**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

**Vascular**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

In your judgment, is there any reason why physical activities would be contradicted?  □ Yes  □ No

If yes, explain _________________________________________________________________________

**Family history (relevant health problems)** ______________________________________________

**TB SCREENING**

**Tuberculin Skin Test** (within six months of exam): Date Planted ___/___/___  Date Read ___/___/___

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>mm induration</th>
</tr>
</thead>
</table>

**Pharm.D. Students Only**  Two-step testing necessary: Date Planted ___/___/___  Date Read ___/___/___

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>mm induration</th>
</tr>
</thead>
</table>

**or QTF TB Gold Test**  Date ___/___/___

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>mm induration</th>
</tr>
</thead>
</table>

**or if QTF or PPD Test Positive, Chest X-Ray Required:**  Date ___/___/___

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
</table>

**VACCINE RECORD** (If blood titers drawn, please attach lab results.)

**Tetanus-Diphtheria Booster:** (within 10 years)  Date ___/___/___  Tdap Date ___/___/___

**Varicella Vaccine:**  Dose 1 ___/___/___  Dose 2 ___/___/___  or  Disease Date ___/___/___

**Hepatitis A Vaccine:**  Dose 1 ___/___/___  Dose 2 ___/___/___

**Hepatitis B Vaccine:**  Dose 1 ___/___/___  Dose 2 ___/___/___  Dose 3 ___/___/___

**Meningococcal ACWY Vaccine within the past 5 years, at age 16 years or older:** Date ___/___/___

**or Refused**  □ Attach Meningitis Response Form

**Meningitis B vaccine:**  Dose 1 ___/___/___  Dose 2 ___/___/___  Dose 3 ___/___/___

**MMR (required by NYS law):**  Dose 1 ___/___/___  Dose 2 ___/___/___

**HPV Vaccine:**  Dose 1 ___/___/___  Dose 2 ___/___/___  Dose 3 ___/___/___

**Polio series completed:**  □ Yes  □ No

**Flu Vaccine:**  Date ___/___/___

**Physician’s Name (Print) ________________________________________________________________

**Signature:** ___________________________________________________  **Exam Date:** ___/___/___

**License Number:** ______________________________  **Physician Stamp:** _______________________

or attach Rx with signature
Immunization

(Please retain a copy for your files.)

Please complete and upload to the patient portal, fax, mail, or return in person to Health Services at the Queens campus.

Office of Health Services
Queens Campus
8000 Utopia Parkway
Queens, NY 11439
Tel. 718-990-6360
Fax 718-990-2368
stjohns.edu

Name: ___________________________________________ Date of Birth: ___________________________
Address: _______________________________________________________________________________________
Student X #: ______________________________________________________________________________________
Campus where you are enrolled: (check one)  □ Queens   □ Manhattan   □ Staten Island

The New York State Legislature passed Public Health Law 2165 in June 1989, requiring ALL students attending colleges and universities in New York State who were born on or after January 1, 1957, to be immunized against measles, mumps, and rubella. Documentation of immunization must be completed before classes begin. Students who fail to present adequate documentation will not be permitted to register.

Proof of immunization consists of one of the following:
1. A certificate of immunization signed by your physician or health care provider (see form below)
2. A student health record from a previously attended school that properly documents your immunization history.
3. Serologic testing for MMR antibodies with laboratory copy of same is acceptable proof of immunity.
4. Documentation that proves you have attended primary or secondary school in the United States AFTER 1980 will be sufficient proof that you have received one dose of live measles virus vaccine. You must also provide a certificate of immunization that documents a dose of measles vaccine was administered within one year prior to attendance at the postsecondary institution. Documentation of mumps and rubella vaccines as stated above must also be provided.

For physician to complete:
1. This student has received MMR immunization. (It is required by law that students receive TWO doses of measles vaccine and ONE dose of mumps and rubella vaccine. An immunization given before 1968 is acceptable only if the immunization record specifies that the vaccine was a live virus vaccine.) A dose of live virus measles, mumps, and rubella vaccine must be administered no more than four days prior to a child’s first birthday, and a second dose of live measles, mumps, and rubella vaccine must be administered no less than 28 days after the first dose.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>First Dose Date</th>
<th>Second Dose Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Serologic evidence of immunity for MMR: (Please attach laboratory reports.)
   Physician’s Signature: __________________________________________
   Address: ________________________________________________________
   License #: __________________________________ Phone: _________________________
   Physician’s Stamp: _____________________________________________

(Please retain a copy for your files.)
Important Meningitis Information

St. John’s University is in compliance with New York State Public Health Law 2167, which requires ALL students attending colleges and universities in New York State to be given information relating to immunization against meningococcal meningitis. By law you must respond to this notification within 30 days.

An airborne disease, meningococcal meningitis is transmitted through droplets of respiratory secretions and from direct contact with persons infected with the disease. College students spending many hours together in close physical contact and/or living in confined areas such as residence halls are at an increased risk of contracting the disease.

Meningococcal meningitis causes an inflammation of the membranes covering the brain and spinal cord. It can be treated with antibiotics but is sometimes not diagnosed early enough. Symptoms of the most common type of meningococcal meningitis are high fever, severe headache, stiff neck, nausea and vomiting, lethargy, and a rapidly progressing rash. The disease strikes about 3,000 Americans and claims about 300 lives each year. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease each year. Though it occurs most often in late winter or early spring, it can occur in any season.

A vaccine is available to protect against four types of the bacteria causing meningitis in the United States: types ACWY. These types account for nearly two-thirds of meningitis cases among college students. The vaccine does not protect against all strains of the disease and does not provide lifelong immunity. To help you make an informed decision about being immunized, talk with your health care provider to consider the benefits and risks of meningococcal meningitis immunization.

Though Student Health Services does not provide the vaccine on campus, we can refer students to local health care providers if requested. The cost of the vaccine varies, but in our area the approximate cost varies between $100 to $200. Be advised that insurance may not pay for the cost of the vaccine.

For your information, we enclose a fact sheet about meningitis provided by the New York State Department of Health. After reading the fact sheet and consulting with your health care provider, please complete the form provided and return it to this office. You may also fax the form to Student Health Services.

Thank you for taking the time to consider this important information about meningococcal meningitis and the available vaccine.
What is meningococcal disease?
Meningococcal disease is caused by bacteria called Neisseria meningitidis. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:
- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the "meningitis belt" in Africa
- Living with a damaged spleen or no spleen
- Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?
Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms. Symptoms may include:
- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?
It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?
Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?
Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:
- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations
What should I do if I or someone I love is exposed?
If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?
The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16.
  - It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease.
  - Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
  - Teens and young adults can also be vaccinated against the “B” strain. Talk to your health care provider about whether they recommend vaccine against the “B” strain.

Others who should receive the vaccine include:

- Infants, children and adults with certain medical conditions
- People exposed during an outbreak
- Travelers to the “meningitis belt” of sub-Saharan Africa
- Military recruits

Please speak with your health care provider if you may be at increased risk.

What are the meningococcal vaccine requirements for school attendance?
As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

Is there an increased risk for meningococcal disease if I travel?
- Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the “meningitis belt” of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic.
- To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

Travel and meningococcal disease:
wwwnc.cdc.gov/travel/diseases/ meningococcal-disease

Learn more about meningococcal disease:
www.cdc.gov/meningococcal/

For more information about vaccine-preventable diseases: www.health.ny.gov/prevention/immunization/
Meningitis Form

(Please retain a copy for your files.)

Please complete and upload to the patient portal, fax, mail, or return in person to Health Services at the Queens campus.

Name: ________________________________________  Date of Birth: _________________________
Address: ______________________________________________________________________________
Student X #: ___________________________________________________________________________
Campus where you are enrolled: (check one)
☐ Queens  ☐ Manhattan  ☐ Staten Island  ☐ Online

St. John’s University is in compliance with New York State Public Health Law 2167, requiring all college and university students and parents or guardians (if student is under age 18) to complete and return this form to Student Health Services at the address above.

All students (and parents or guardians if student is under age 18) must complete and sign below. Please note: It is necessary to complete this form even if documentation of this vaccine is already on file.

CHECK ONE BOX AND SIGN BELOW:

☐ Had the Meningococcal ACWY meningitis vaccine at age 16 years or older. Date: __________

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one dose of Meningococcal ACWY vaccine not more than five years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

Health care provider’s signature: ____________________________________________________
Address: _________________________________________________________________________
License #: ________________________________  Tel.: _________________________________
Stamp: __________________________________________________________________________

I have (for students under age 18: “My child has”):

☐ Read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease.

Signed: _______________________________________  Date: ________________________________
(Parent/guardian if student is under age 18)
To prepare you for your first exciting semester, St. John’s University holds a special—and mandatory—orientation program. The spirit of our orientation programs reflect St. John’s concern for the holistic development of every student. St. John’s offers an education to prepare you for personal and professional success in a global society, rooted in our 147-year heritage as a Catholic, Vincentian, global, and metropolitan University. At Orientation, you learn about the benefits of the St. John’s experience and the many student services available—academic support, career preparation, high-tech resources, extracurricular activities—and have an opportunity to meet new friends and form lifelong relationships.

Once you have registered for an on-campus orientation session, you will be sent a link to complete the online orientation program. Both programs are MANDATORY, so please be sure to complete the online program before you arrive to campus for your orientation session.

The following pages contain important information for you and your parents, including how to confirm your mandatory attendance for New Student Orientation. Your parents/guardians can attend as well, but due to the nature of the program, no other guests are permitted.

Immediately after reading the following pages, please visit stjohns.edu/orientation to confirm your attendance at Orientation. For more information, please contact us:

Queens Campus  718-990-5353
Staten Island Campus  718-390-4131

We look forward to your arrival!

Kathryn T. Hutchinson, Ph.D.
Vice President for Student Affairs
WHAT IS ORIENTATION AND WHY IS IT IMPORTANT TO ATTEND?

Fall Orientation brings the University community together to welcome new students. Orientation is **REQUIRED** for all new students, whether they are freshmen, transfer, international, resident, or commuter students. During Orientation, students have the opportunity to become better acquainted with the academic environment, support services, and important locations on campus while learning about the St. John’s experience from current students.

**Orientation Dates**

**QUEENS CAMPUS**

**Freshman Orientation**
- Session 1: Wednesday–Thursday, June 21–22
- Session 2: Wednesday–Thursday, June 28–29
- Session 3: Wednesday–Thursday, July 12–13
- Session 4: Wednesday–Thursday, July 19–20
- Session 5: Wednesday–Thursday, July 26–27
- Session 6: Wednesday–Thursday, August 2–3
- Session 7: Wednesday–Thursday, August 9–10

**Transfer Orientation**
- Session 1: Tuesday, July 18
- Session 2: Thursday, August 24

**STATEN ISLAND CAMPUS**

**Freshman Orientation**
- Session 1: Thursday, August 24 (Commuter and International Students)
- Session 2: Monday, August 28 (Commuter and Resident Students)

**Transfer Orientation**
- Session 1: Thursday, August 24 (Commuter and International Students)
- Session 2: Monday, August 28 (Commuter and Resident Students)

**Freshman Orientation and Transfer Orientation 2017**

The Orientation program provides the best way for new students to become acclimated to our academic environment. This is your opportunity to learn about the many resources that will smooth your transition to St. John’s. Student Orientation leaders will be available to share insights on their experiences, so ask them all the questions you may have. Please do not plan to leave campus until the program is over. More information about your specific program can be found on the registration page at stjohns.edu/orientation.

**Special Accommodations**

If you need special accommodations (e.g., dietary restrictions, wheelchair access, sign interpreter, etc.), please send us an e-mail at orientation@stjohns.edu with your name, X-number, date of attendance, and specifics of your request.
QUEENS AND STATEN ISLAND CAMPUSES

Please confirm your Orientation attendance online at stjohns.edu/orientation.

Be sure to register under the proper campus designation.

WHAT YOU NEED TO KNOW

Meals, Expenses, Dress Code, and Supplies

We provide meals for all students at Orientation. If you have dietary restrictions, please indicate this when confirming your attendance. You also may want to bring spending money for souvenirs, books, or other items from our bookstore, or for snacks from the vending machines and dining facilities. Since we will be moving around the campus, the more comfortable you are, the better you will feel.

Please be prepared for inclement weather.

Please note: Linens and toiletries are not provided. Pillows will be provided.
YOUR STORMCARD

Your St. John’s University StormCard is your primary means of identification on campus. It must be carried at all times and presented to University personnel as requested.

However, your StormCard is much more than an ID card. It also serves as a handy debit card you can use for purchases from our dining facilities, the University Bookstore, photocopiers, and computer lab printers. The StormCard also gives authorized students access to the residence halls, computer labs, classrooms, and parking facilities. You will need your StormCard to visit friends who live on campus.

HOW DO I GET MY STORMCARD?

Students are photographed for their StormCard during Orientation and receive them during registration. If you can make it to campus prior to your Orientation date, please visit the Office of Public Safety located outside of Gate #6 on the corner of Goethals Ave. and 168th Street for your StormCard.

If you have any questions or concerns, you may contact the StormCard Office at 718-990-6257 (Queens or Manhattan campuses) or 718-390-4487 (Staten Island campus).
WE LOOK FORWARD TO SEEING YOU AT ORIENTATION!

STJOHNS.EDU/ORIENTATION
Office of Undergraduate Admission
8000 Utopia Parkway
Queens, NY 11439
1-718-990-1802
admission@stjohns.edu

300 Howard Avenue
Staten Island, NY 10301
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