Office of International Education The English Language Institute of St. John's University

ramily Name		First Nones		
Family Name		First Name		
		Country of Citizenship		
Date of Birth		Male () Female ()		
(IVI	onth/Day/Year)			
Mailing Address:				
	Number	Street		
City	State	Zip Code Country		
 Felephone Number		 E-mail		
Sı Sı Fa	ummer 1, 2021 ummer 2, 2021 all 1, 2021 all 2, 2021	May 13 to June 24		
	ed in full-time or p	part-time study?		
Sı Sı Fa	ummer 2, 2021 all 1, 2021 all 2, 2021	June 30 to August 12 September 1 to October 20 October 25 to December 16		

For more information on F-1 student status, please contact The Language Connection at (718) 990-6845 or by email: esl@stjohns.edu.

() I am an F-1 transfer student. () I am a U.S. citizen. () I am a Permanent Resident. () Other (please explain)				
WHAT ARE YOUR PLANS AFTER YOU C	OMPLETE THE ENGLISH LANGUAGE INSTITUTE?			
Please check one) () I plan to apply for admission to St. John's University				
the test. If you would like more inform	icants. You will be notified by email of the date of ation, call 1-718-990-6845.			
Your Signature	Date			
PLEASE RETURN THIS APPLICATION TO):			
QUEENS CAMPUS:				
The English Language Institute				
St. John's University				
Marillac Hall room 210				
8000 Utopia Parkway				
Queens, NY 11439				

Include a U.S. non-refundable application fee by certified check or money order of \$50.00 payable to St. John's University.