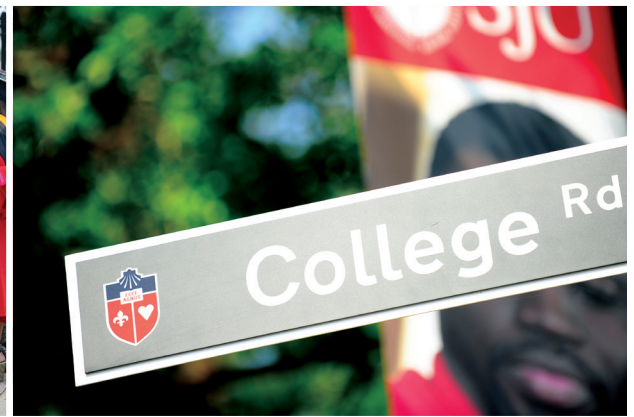
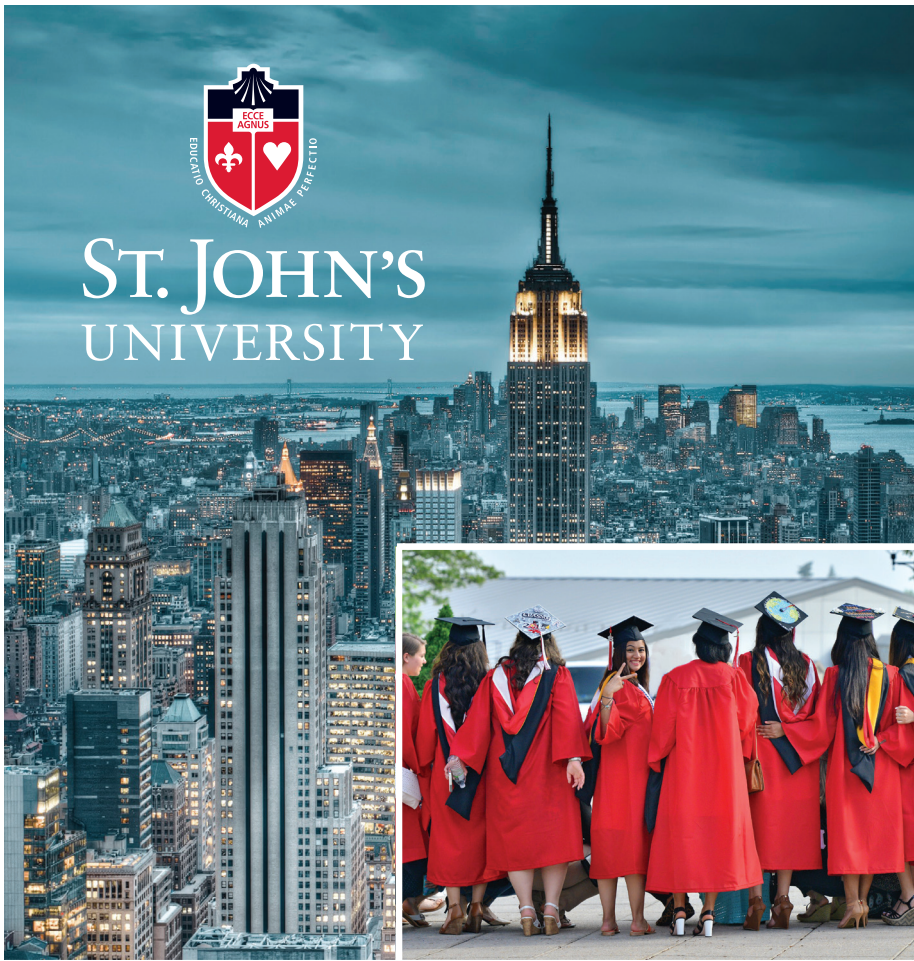




ST. JOHN'S
UNIVERSITY



NEW GRADUATE STUDENT **GUIDE**

FOR **THE SCHOOL OF EDUCATION**



PREPARE

Ready to make the world a better place?

This is how you start.

Submit your Applicant Response Form by the date indicated. Forms can be submitted through your application portal or to graded@stjohns.edu.

Submit your \$300 nonrefundable enrollment deposit. Instructions on how to submit your enrollment deposit are found on the applicant response form. For those interested in on-campus housing, please contact Residence Life at **718-990-5635**.

If your acceptance is contingent on taking the English Language Placement Exam, please contact our English as a Second Language program in the Department of Languages and Literatures to make an appointment at padrob@stjohns.edu; **718-990-5262**.

Return your completed physical examination, immunization, and meningitis forms to the Office of Health Services before the start of classes. All forms must be completed in English. Your registration will be canceled if these forms are not returned. Return your forms to the **Office of Health Services, 8000 Utopia Parkway, Queens, NY 11439 USA**, or fax them to **718-990-2368**.

International students should carefully read the packet of information on "Getting a Form I-20" and return the application as soon as possible. Please contact the **International Student Services office** at iss@stjohns.edu; **718-990-6083**.

- Do not wait to hear if you have been offered an award to complete your I-20 application. Awards are offered as they are available and can be offered up until the start of the semester.
- Do not schedule your visa interview until you have your I-20 in your possession.

International students must check in with the Office of International Student and Scholar Services when you arrive in New York. Please bring your passport, including your student visa, I-20, and I-94.

Make an advising appointment at the campus where you were admitted and in the department where your program is found. If the English Language Placement Exam is required, you must take it and receive your results before making an advising appointment.

Financial aid review for The School of Education graduate assistantships, doctoral fellowship, and scholarships begins at the time of acceptance and continues until positions are filled. All awards are considered based on merit and exclusively with the materials provided in each student's application. Only students selected for an award are notified. Notification is by email.

- For scholarship opportunities in The School of Education, please contact Andrew D. Ferdinandi, Ed.D., Associate Dean for Administration and Student Success, The School of Education and Associate Professor of Human Services and Counseling, at ferdinaa@stjohns.edu.

If you have not already completed a graduate assistant application and you would like consideration, please contact your admission liaison.

- Office of Student Financial Services: www.stjohns.edu/services/financial
- Payment options link: www.stjohns.edu/admission/tuition-and-financial-aid/payment-options



ST. JOHN'S
UNIVERSITY

Log-In Instructions

University Information System (UIS) Log-In

Log on to www.stjohns.edu/uis.

- On the login page, enter your X-number and PIN (default is Sj plus the eight digits of your X-number, without the X (e.g., Sj12345678). It is recommended that you then change your PIN number.
- Click on Student tab.
- Click on Registration.
- Click on Add/Drop classes.
- Enter the CRN (course registration number) and priority number given to you by the department to place your own registration into the system.

MySJU Instructions

- To log in to the University's system, please visit <http://mysju.stjohns.edu> or click on the MySJU icon on St. John's University's home page.
- Username is your email address firstname.lastnameYY@stjohns.edu (YY=last two digits of the year you entered St. John's, e.g., 2017 would be 17). Please note that while you are a student at St. John's University, all email correspondence occurs via your St. John's email account.
- If you do not know your St. John's email address, view it on UIS under "Personal Information."
- PIN/Password: Your PIN/password is the same that you use to log on to UIS. Do not keep entering different passwords hoping to come across the one that is correct. The system will lock you out after three attempts. If you need help unlocking your account, please contact the St. John's University Helpdesk at 718-990-5000.



ST. JOHN'S
UNIVERSITY

Student Information Sheet

To be completed by students in The School of Education only.

Please complete this form and return to

Office of Graduate Admission
The School of Education
St. John's University
Sullivan Hall, Fifth Floor
Queens, NY 11439
Tel 718-990-2304
Fax 718-990-2343
stjohns.edu

Student ID #: X _____

Date of Birth: _____

Name: _____
(Last, Family) (First) (Middle)

E-mail: _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Single

Citizenship: ☐ US Citizen

☐ Permanent Resident

☐ International Students

Country of Citizenship: _____

Country of Citizenship: _____

Visa No.: _____

Do you consider yourself to be Hispanic/Latino?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Select one or more categories to indicate what race/ethnicity you consider yourself to be:

American Indian or Alaskan Native

☐ Native American or Alaskan Native

White

☐ Arab, N. African, Middle East

☐ Caucasian, All Other Heritage

Native Hawaiian or Other Pacific Islander

☐ Native Hawaiian

☐ Pacific Islander

Asian

☐ Asian or Far East

☐ Asian, Other

☐ Indian Subcontinent

Black or African American

☐ Black, African American

☐ Black, African

☐ Black, Caribbean/West Indian

☐ Black, Other

Hispanic

☐ Hispanic, Cuban

☐ Hispanic, Mexican

☐ Hispanic, Puerto Rican

☐ Hispanic, South/Central American

☐ Hispanic, Other

Religion:

☐ Baptist

☐ Buddhist

☐ Episcopal

☐ Greek Orthodox

☐ Hindu

☐ Islam

☐ Jehovah's Witness

☐ Jewish

☐ Lutheran

☐ Methodist

☐ Mormon/LDS

☐ Nondenominational

☐ Pentecostal

☐ Presbyterian

☐ Protestant

☐ Roman Catholic

☐ Russian Orthodox

☐ Seventh-Day Adventist

☐ Sikh

☐ None

☐ Other



ST. JOHN'S
UNIVERSITY

Academic Honor Pledge

Office of Graduate Admission

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 before enrollment, and return to

St. John's University
Office of Admission Processing Center
PO Box 413
Randolph, MA 02368
Or e-mail
graded@stjohns.edu



ST. JOHN'S
UNIVERSITY

Medical Forms

Please complete the medical forms online by following the instructions below, or complete and fax, mail, or return in person the subsequent forms.

To submit your medical forms online, create your online portal account:

1. Go to **patient-stjohns.medicatconnect.com**.
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 fax, mail, or return in person to the Health Center at the Queens campus (spring semester due December 15; fall and summer semesters due May 15).

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

Please print.

Name: _____ Date of Birth: _____
Address: _____ Home Tel: _____

Student ID #: X _____
Emergency Contact Name: _____ Tel _____

Campus where you are enrolled (check one): ☐ Queens ☐ Manhattan ☐ Staten Island ☐ Online Learning

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 ID #: X _____

Signature of Parent/Guardian: _____ Date: _____ Tel _____



ST. JOHN'S
UNIVERSITY

Physical Examination

(To be completed by physician or healthcare provider.)

Please complete and fax, mail, or return in person to the Health Center at the Queens campus (spring semester due December 15; fall and summer semesters due May 15).

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

Student Name: _____ Date of Birth: _____

Student ID#: X _____ Gender: ☐ Male ☐ Female
Campus where you are enrolled (check one): ☐ Queens ☐ Manhattan
☐ Staten Island ☐ Online learning

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____
Vision: _____ Right: _____ Left: _____ Corrected: Right: _____ Left: _____

For Health Sciences Students only:

Color Vision Screening Normal _____ Abnormal _____
Urinalysis Result Normal _____ Abnormal _____ Date: _____
Blood Count HCT: _____ HGB: _____ Date: _____

	Normal	Abnormal		Normal	Abnormal
Head, neck, face, and scalp	_____	_____	Abdomen	_____	_____
Nose and sinuses	_____	_____	Endocrine System	_____	_____
Mouth, teeth, gingival	_____	_____	Extremities	_____	_____
Ears	_____	_____	Reflexes	_____	_____
Eyes	_____	_____	Musculoskeletal	_____	_____
Lungs, chest, and breasts	_____	_____	Lymphatic	_____	_____
Heart	_____	_____	Neurologic	_____	_____
Vascular	_____	_____	Genital/Urinary	_____	_____

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 ____/____/____
Result: ☐ Positive ☐ Negative _____ mm induration

Pharm.D. Students Only two-step testing necessary: Date Planted ____/____/____ Date Read ____/____/____
Result: ☐ Positive ☐ Negative _____ mm induration

or QTF TB Gold Test Date ____/____/____ Result: ☐ Positive ☐ Negative **Attach QTF Lab Results**

*If QTF or PPD Test Positive, Chest X-Ray Required: Date ____/____/____ Result: ☐ Positive ☐ Negative

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 B Vaccine (recommended): Dose 1 ____/____/____ Dose 2 ____/____/____ Dose 3 ____/____/____

Meningococcal Vaccine (recommended after 16th birthday): Date ____/____/____

or Refused ☐ Attach Meningitis Response Form

MMR (required by NYS Law): Dose 1 ____/____/____ Dose 2 ____/____/____

Polio series completed: ☐ Yes ☐ No

Physician's Name (Print): _____

Signature: _____ Exam Date: ____/____/____

License Number: _____ Physician Stamp: _____

or attach Rx with signature

The information contained on this form is accessible only to the professional health staff of Student Health Services and will not be released without the written authorization of the student or pursuant to a lawfully issued subpoena. The authority to request this information is found in Section 355 of the Educational Law.



ST. JOHN'S
UNIVERSITY

Immunization

(Please retain a copy for your files.)

Please complete and fax, mail, or return in person to the Health Center at the Queens campus (spring semester due December 15; fall and summer semesters due May 15).

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

Name: _____ Date of Birth: _____

Address: _____

Student ID #: X _____

Campus where you are enrolled (check one): ☐ Queens ☐ Manhattan ☐ Staten Island ☐ Online Learning

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 proof of immunity
4. Documentation that proves you have attended primary or secondary school in the United States AFTER 1980 as sufficient proof that you have received one dose of live measles virus vaccine
5. 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.

MMR	(first dose date): _____	(second dose date): _____
Measles	(first dose date): _____	(second dose date): _____
Mumps	(first dose date): _____	(second dose date): _____
Rubella	(first dose date): _____	(second dose date): _____

2. Serologic evidence of immunity for MMR (please attach laboratory reports).

Physician's Signature: _____

Address: _____

License #: _____ Tel: _____

Physician's Stamp: _____



ST. JOHN'S
UNIVERSITY

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 approximately 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 A, C, Y, and W-135. 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.



ST. JOHN'S
UNIVERSITY

Meningococcal Disease Information Sheet

Information for college students and parents of children at residential schools and overnight camps

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between five and 15 college students die each year as result of infection.

Currently, no data is available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck, and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10 to 15 percent die in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear two to 10 days after exposure, but usually within five days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85 to 100 percent effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause approximately 70 percent of the disease in the United States.

Is the vaccine safe? Are there adverse side effects to the vaccine?

The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

What is the duration of protection from the vaccine?

After vaccination, immunity develops within seven to 10 days and remains effective for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, (health.state.ny.us), the Centers for Disease Control and Prevention, (cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, (acha.org).



ST. JOHN'S
UNIVERSITY

Meningitis Form

(Please retain a copy for your files.)

Please complete and fax, mail, or return in person to the Health Center at the Queens campus (spring semester due December 15; fall and summer semesters due May 15).

Student Health Services

Queens Campus Health Center
DaSilva Hall
8000 Utopia Parkway
Queens, NY 11439
Tel 718-990-6360
Fax 718-990-2368
stjohns.edu

Name: _____ Date of Birth: _____

Address: _____

Student ID #: X _____

Campus where you are enrolled (check one):

☐ Queens ☐ Manhattan ☐ Staten Island ☐ Online Learning

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 BOX AND SIGN BELOW.

☐ Had the meningococcal meningitis vaccine at age 16 years or older. Date: _____

Health-care provider's signature: _____

Address: _____

License #: _____ Tel: _____

Stamp: _____

Signed: _____ Date: _____
(Parent/guardian if student is under age 18)



Welcome to St. John's University

Academic excellence. Cutting-edge research. Outstanding professional preparation. A wide range of diverse resources to help you succeed in your chosen field of study. These are just a few of the things you experience as you join one of the leading graduate programs at St. John's University!

To prepare you for graduate studies at St. John's, we hold a special Orientation Program designed just for you. Your attendance at this event is important in helping you embark on a successful experience in graduate school. The spirit of our Orientation Program reflects St. John's dedication to the holistic development of every student. This spirit is rooted in our 149-year heritage as a Catholic, Vincentian, Metropolitan, and Global University. When you attend Orientation, you experience firsthand all that St. John's has to offer and have the opportunity to make connections and begin the process of forming lifelong professional relationships.

The following pages contain important information. Please take the time to register for the Graduate Student Orientation or visit us online at www.stjohns.edu/orientation.

For any additional questions, please do not hesitate to contact us at 718-990-5353.

We look forward to seeing you!

Simon G. Møller, Ph.D.
Interim Provost and
Vice President for Academic Affairs

Kathryn T. Hutchinson, Ph.D.
Vice President for Student Affairs



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 before the end of the day 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, contact the StormCard Office at 718-990-6257 (Queens or Manhattan campuses) or 718-390-4487 (Staten Island campus).



St. John's University does not discriminate on the basis of race, color, national origin, sex, disability, age, or any other characteristic protected by law in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Keaton Wong, Director of Equal Opportunity and Compliance and Title IX Coordinator, Office of Human Resources, University Center, 8000 Utopia Parkway, Queens, New York 11439, (718) 990-2660, wongk1@stjohns.edu.

The Advisory Committee on Campus Safety provides upon request all campus crime statistics as reported to the United States Department of Education. Statistics are also available at stjohns.edu/FireSafety or by contacting the Department of Public Safety at 718-990-6281.

To access key consumer disclosures required under the Higher Education Opportunity Act, visit www.stjohns.edu/Consumer.

Visit stjohns.edu/Compliance for the University's information and compliance policies.





We look forward to seeing you at Orientation!

stjohns.edu/orientation



GET ACQUAINTED



ST. JOHN'S UNIVERSITY

Offices of Graduate Admission

The School of Education

718-990-2304

graded@stjohns.edu