



ST. JOHN'S UNIVERSITY

Nonmatriculated and Visiting Student Registration Form

International (Undergraduate and Graduate)

ONLINE LEARNING ONLY

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

Submit the following items to the Office of the Registrar.

1. Completed Nonmatriculated and Visiting Student Registration Form. (Visiting students: please be sure to have the certification 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.

Required materials 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

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.

Subject	Course Number	Course Reference Number [CRN]	Credit Hours	Summer Session Only					Post	Fall	Spring
				Pre	Summer I	Summer II					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

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**.