

Visiting Student Registration Form *Undergraduate*

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

Submit this form to the Office of the Registrar.

• This form must be signed by a dean or registrar on side 2.

After completion, it may be scanned and sent via email to visitingstudent@stjohns.edu or mailed to

St. John's University Office of the Registrar Newman Hall, Room 106 8000 Utopia Parkway Queens, NY 11439

Important: Please print clearly.			
Date of Birth (Month/Day/Year)			
	_		
I plan to start in Fall 20	(September) Spring 20	(January) Summer 20	
Applicant's Last Name (Surname)	First Name (Giv	ven Name) Middle	e Name
Address (Number and Street Address)			Apartment No.
City	State/Province Zip	o/Postal Code Co	ountry
Cell Phone (including area code)	Work Phone (inclu	ding area code)	
Email Address			
Have you previously attended St. John's Ur	niversity? Yes No		
Ethnic Origin (Optional)			
Please check one:			
OHispanic or Latino/Latina Not	Hispanic or Latino/Latina		
Select one or more categories:			
American Indian or Alaskan Native Native American or Alaskan Native Asian Asian or Far Eastern 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	Native Hawaiian or Other Pacific Islander Native Hawaiian Pacific Islander White Arab, N. African, Middle Easter
Asian, Other		Hispanic, Other	Caucasian, All Other Heritage

Religious Affiliation				
○ Episcopal ○ Jer ○ Greek Orthodox ○ Lu	hovah's Witness	Mormon/LDS Pentecostal Presbyterian Protestant Roman Catholic	Russian Orthodox Seventh-day Adventist Sikh Nondenominational None	Other
Educational Background				
Name of College/University City		State From (Month/Year) To (Month/Year	
Graduation Date or Expected Graduation Date	/			
Courses to Be Taken at St. John	n's			
Please indicate courses in order of		of available courses places	a visit www.stiahns.adu/saursas	
Subject Course Number		rence Credit Hours	Summer Session Only Pre Summer I Summer II	Post Fall Spring
Previous Dismissal or Suspens Have you ever been disciplined postsecondary educational inst	d for misconduct, su	-	equired to withdraw from any se	econdary or
Have you been convicted of a f				No O
	h in the University bul	letins. All information con	, I agree to abide by all the rules and Itained herein is, to the best of my ki	
Signature			_ Date (Month/Day/Year	")
Certification				
Certification for Stud	ents Enrolled	in Other Institu	tions of Higher Educat	ion
This is to certify that	(Student Nan		s in good standing at	a (Name of Institution)
has permission to register for	r the courses listed	above.		
(Signature of Dear	n/Registrar)		(Title)	

For more information, please email visitingstudent@stjohns.edu or call 1-888-9STJOHNS or 718-990-2000.