



Please check one:

- ## Educational Background

Name of College/University

City

City

State

From (Month/Year)

To (Month/Year)

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Graduation Date or
Expected Graduation Date

Courses to Be Taken at St. John's

Please indicate courses in order of preference. For a list of available courses, please visit www.stjohns.edu/courses.

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 ☐

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

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 email visitingstudent@stjohns.edu or call 1-888-9STJOHNS or 718-990-2000.