

Nonmatriculated and Visiting Student Registration Form

Graduate

Carefully read the instructions below and complete the entire application.

Submit the following items to the Office of the Registrar:

- Completed Nonmatriculated and Visiting Student Registration Form. Visiting students: please be sure to have the approval at the end of this application completed and signed before submitting.
- Required official or unofficial transcript from each institution you are attending may be sent via email (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 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 (Gi	ven Name) Middle	Name
Address (Number and Street Address)			Apartment No.
City	State/Province Zip	o/Postal Code Cou	ıntry
Cell Phone (including area code)	Work Phone (inclu	ding area code)	
Email Address			
Have you previously attended St. John's U	niversity? Yes No		
Ethnic Origin (Optional)			
Please check one:			
	ot Hispanic or Latino/Latina		
Select one or more categories:			
American Indian or Alaskan Native	Black or African American	Hispanic	Native Hawaiian
Native American or Alaskan Native	Black, African American	Hispanic, Cuban	or Other Pacific Islander
Asian	Black, African	Hispanic, Mexican	Native Hawaiian
Asian or Far Eastern	Black, Caribbean/West Indian	Hispanic, Puerto Rican	O Pacific Islander
Indian Subcontinent	Black, Other	Hispanic, South/Central American	White
Asian, Other		Hispanic, Other	Arab, N. African, Middle Eastern
O / Giail, Other			Caucasian, All Other Heritage

Religious Affiliation			
Please check one: Baptist Islamic Buddhist Jehovah's Wi Episcopal Jewish Greek Orthodox Lutheran Hindu Methodist	Mormon/LDS Pentecostal Presbyterian Protestant Roman Catholic	Russian Orthodox Other Seventh-day Adventist Sikh Nondenominational None	
Educational Background Name of College/University City Graduation Date or Expected Graduation Date	State From (N	/onth/Year) To (Month/Year)	
,	e. For a list of available courses, please values Reference Credit Hours Number [CRN]	visit www.stjohns.edu/courses. Summer Session Only Pre Summer I Summer II Post Fall	Spring
Previous Dismissal or Suspension Have you ever been disciplined for misco postsecondary educational institution? I Have you been convicted of a felony? If y Your Signature	If yes, please explain on a separate		
	edge, true and complete. (Any omissio	including those set forth in the University bulletins. All in n or falsification of records is grounds for dismissal.) Date (Month/Day/Year)	
	is i dent Name	er Education (Visiting Students Only) n good standing at Name of Institu	
Signature of Dean/Reg	 gistrar	Title	

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