

**ST. JOHN'S UNIVERSITY**  
**Re-Admit Supplemental Application**

Date: \_\_\_\_\_

X Number: \_\_\_\_\_ Term of Entry: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Name: (Please Print) Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Former Name(s): Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number & Street

Apt. #

City

State

Zip

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Citizen: Yes\_\_\_\_ No\_\_\_\_ Permanent Resident: Yes\_\_\_\_ No\_\_\_\_

Non-Citizen: Yes\_\_\_\_ No\_\_\_\_ Country of Citizenship \_\_\_\_\_ Type of Visa \_\_\_\_\_

Campus Previously Attended: Queens ( ) Staten Island ( )

Previously Enrolled In: Major \_\_\_\_\_ College \_\_\_\_\_ Degree \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Campus you wish to attend: Queens ( ) Staten Island ( )

Major desired: Major \_\_\_\_\_ College \_\_\_\_\_ Degree \_\_\_\_\_

**Please check all statements that apply to you:**

( ) Since I last attended, I **have not enrolled** in any educational institution(s). Please provide a statement of your activity since you last attended. (Use either the back of this form or attach a separate sheet of paper)

( ) Since I last attended, I **have enrolled** in another educational institution(s). In this case, I am considered a transfer student and will need to complete a new application for admission.

( ) I am interested in on-campus housing. Please be aware that housing is available on a first come first served basis. If you are re-admitted, you will need to contact the Office of Residence Life directly for details.

( ) I **have not been** disciplined for misconduct, suspended, expelled or required to withdraw from any secondary or post-secondary educational institution including St. John's University.

( ) I **have been** disciplined for misconduct, suspended, expelled or required to withdraw from any secondary or post-secondary educational institution including St. John's University. (If checked, please explain on either the back of this form or attach a separate sheet of paper.)

**Re-Admit Applicant's Signature**

**Date**

"I 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.)

**Academic Dean Decision** \_\_\_\_\_

**Date** \_\_\_\_\_

**Dean of Students Decision** \_\_\_\_\_

**Date** \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

St. John's University  
Office of Undergraduate Admission  
8000 Utopia Parkway  
Queens, NY 11439

St. John's University  
Office of Undergraduate Admission  
300 Howard Ave  
Staten Island, NY 10301

**NOTE: A Re-Admit student to St. John's University attended as a matriculated student for one or more semesters and has not been registered for one or more consecutive semesters. Any student who was previously enrolled, left and attended another institution is a Transfer Student.**

**Re-Admit**  
Statement of Activity

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Student X number: \_\_\_\_\_

Since I left St. John's, I have been \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check one of the following:

( ) I **have not** gone to another college

( ) I **have** gone to another school/college

Name of school/college attended: \_\_\_\_\_

Signature: \_\_\_\_\_