Application for Incoming Exchange Students to SJU

To apply as an incoming exchange student to study at St. John’s University you must complete and submit the following:

- Verification that you have been accepted for this exchange program by your home institution
- St. John’s University Exchange Program Application (enclosed) *(please type, do not write by hand)
- Official Transcripts from your home institution (including an English translation if applicable)
- DS-2019 Application (enclosed) *(please type, do not write by hand)
- Proof of English proficiency - provide one of the following:
  - TOEFL exam scores
  - IELTS scores
  - Official verification from your school that your current program is conducted entirely in English
- Photocopy of your passport – photo and biographical pages only
- A one page, single-spaced, type-written statement outlining your reasons for applying for the exchange program at St. John’s University

Please return the Exchange Program Application and all supporting documents to:

St. John’s University
Office of Global Studies
Sun Yat Sen Memorial Hall
8000 Utopia Parkway
Queens, NY 11439
USA
Attn: Ling Chen, Coordinator of Global Student Services
chengl2@stjohns.edu
Application for Incoming Exchange Students to SJU

Personal Information

Full Name (as it appears on your passport):

__________________________________________________________________________

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<th>Last (surname)</th>
<th>First (given name)</th>
<th>Middle</th>
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Gender □ Male □ Female

Date of Birth: ____________________________

(mm/dd/YYYY)

City/Province of Birth: ____________________

Country of Birth: _________________________

Country of Citizenship: ____________________

Country of Permanent Residence: ____________

Email Address: __________________________

Permanent Address in your Home Country

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Postal Code: ____________________________

Phone: _________________________________

Please mail my form DS-2019 to:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Postal Code: ____________________________

Phone: _________________________________

Admission Information

I am applying for: □ One semester □ Two Semesters

I plan to start in: □ Fall Click to select year □ Spring Click to select year

(late August start) (January start)

Home Institution: ________________________________

Year of Undergraduate Study: ________________________________

Program of Study: ________________________________

St. John’s University Academic Plan:

Intended Major/Program of Study: ________________________________
Course Preferences:

- Select the Queens Campus for specific course offerings: [http://www.stjohns.edu/academics/university-course-offerings](http://www.stjohns.edu/academics/university-course-offerings)
- Please include the Course, Title of the Course and CRN when filling out the form (for example: ANT1040; Culture and Global Change; CRN 14983), and select at least 8 courses that you hope to take in case some get cancelled due to insufficient enrollment numbers.

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Housing Preference:

- I will arrange my own housing
- I will live with family/friends and will be supported, free of room and board expenses, for the duration of my program (Must complete the Sponsor’s Affidavit of Free Room and Board included in the DS-2019 application)

_____________________________  __________________
Student Name (Digital Signature)  Date

To be filled out by the exchange coordinator at your home institution

This student has been selected by: __________________ to be an exchange student for the ______________.  
(Exchange coordinator name)  (term/year)

The courses listed on this application will be credited in the home institution.

- [ ] Yes
- [ ] No
- [ ] Partially __________________

_____________________________  __________________
Coordinator Name (Digital Signature)  Date