

ST. JOHN'S UNIVERSITY
Re-Admit Supplemental Application

Date: _____

X Number or SSN: _____ 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
Fax (718) 990-2096

St. John's University
Office of Undergraduate Admission
300 Howard Ave
Staten Island, NY 10301
Fax (718) 390-4298

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, 9 number or SSN: _____

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: _____