



# ST. JOHN'S UNIVERSITY

## Nonmatriculated and Visiting Student Registration Form *International (Undergraduate and Graduate)*

Please read the instructions below carefully 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 certification at the end of this application completed and signed before submitting).
- Official college/university transcripts** from each institution you are attending, translated to English.
- Official score reports** for the Test of English as Foreign Language (TOEFL) or IELTS if your native language is other than English.
- If you are not currently enrolled** in school for a semester or more, you must submit a written statement outlining your activities during that time.
- Visiting students** who have attended a university or postsecondary institution outside the United States must have their records evaluated by a certified credential evaluation service such as IERF or WES. The evaluation must include US grade and credit equivalents. Additional certified credential evaluation services can be found at [naces.org](http://naces.org).

Required materials may be sent via fax to 718-990-1677, via e-mail (for scanned copy) to [visitingstudent@stjohns.edu](mailto: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 type or print clearly.

Social Security Number (Optional)

Date of Birth (Month/Day/Year)

**I am applying as a visiting/nonmatriculating student for the**

- Queens campus  
8000 Utopia Parkway  
Queens, NY 11439
- Staten Island campus  
300 Howard Avenue  
Staten Island, NY 10301

**I plan to start in**  Fall 20  (September)  Spring 20  (January)  Summer 20

Applicant's Last Name (Surname)  First Name (Given Name)  Middle Name

Address (Number and Street Address)  Apartment No.

City  State/Province  Zip/Postal Code  Country

Home Telephone (Include Area Code)  Work Telephone (Include Area Code)

E-mail Address  Gender  Male  Female

Have you previously attended St. John's University?  Yes  No

**Citizenship**

I am a  US Citizen  Non-US Citizen  Permanent Resident  Other

If you are a non-US citizen, please indicate your country of citizenship.

If you have a nonimmigrant visa, please list type.

Are you planning to enter the US on an F-1 visa in order to study at St. John's University?  Yes  No

**Academic Plans**

Please indicate the major that you are currently studying.

Major

**Ethnic Origin (Optional)**

Please check one:

Hispanic or Latino  Not Hispanic or Latino

**Select one or more categories to indicate what you consider yourself to be:**

**American Indian or Alaskan Native**

Native American or Alaskan Native

**Asia**

Asian or Far East

Indian Subcontinent

Asian, Other \_\_\_\_\_

**Black or African-American**

Black, African-American

Black, African

Black, Caribbean/West Indian

Black, Other

**Hispanic**

Hispanic, Cuban

Hispanic, Mexican

Hispanic, Puerto Rican

Hispanic, South/Central American

Hispanic, Other \_\_\_\_\_

**Native Hawaiian or Other Pacific Islander**

Native Hawaiian

Pacific Islander

**White**

Arab, N. African, Middle East

Caucasian, All Other Heritage

**Religious Affiliation**

Please check one:

Baptist

Islamic

Mormon/LDS

Russian Orthodox

Other \_\_\_\_\_

Buddhist

Jehovah's Witness

Pentecostal

Seventh Day Adventist

Episcopal

Jewish

Presbyterian

Sikh

Greek Orthodox

Lutheran

Protestant

Non-Denominational

Hindu

Methodist

Roman Catholic

None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Background**

Name of College/University

City

State

From (Month/Year)

To (Month/Year)

Graduation Date or  
Expected Graduation Date

**Standard Test Scores—International Students Only**

If you are an international student, please indicate below all the dates on which you have taken and/or plan to take the TOEFL or IELTS. Please have all test scores sent to St. John's University. When applying for the tests, indicate that St. John's University is to receive score reports.

	Month/Year	Month/Year	Month/Year
TOEFL	<input type="text"/>	<input type="text"/>	<input type="text"/>
IELTS	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Courses to be Taken at St. John's**

Please indicate courses in order of preference. For a list of available courses, visit [stjohns.edu/courses](http://stjohns.edu/courses).

Subject	Course Number	Course Reference Number [CRN]	Credit Hours	Summer Session Only					
				Pre	Summer I	Summer II	Post	Fall	Spring
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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

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** *(Visiting Students Only)*

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 visit our website at [stjohns.edu/visitingstudents](http://stjohns.edu/visitingstudents) or call **1-888-9STJOHNS** or **718-990-2000**.