

Nonmatriculated and Visiting Student Registration Form *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 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 fax to 718-990-1677, via e-mail (for scanned copy) to visitingstudent@stjohns.edu, or via mail to:

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 Spring 20 (January) Summer 20
I am applying as a visiting/nonmatriculating student for the Queens campus Staten Island campus 8000 Utopia Parkway 300 Howard Avenue Queens, NY 11439 Staten Island, NY 10301
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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 O Male O Female
Have you previously attended St. John's University? OYes ONo
Ethnic Origin (Optional)
Please check one:
OHispanic or Latino ONot Hispanic or Latino
Select one or more categories to indicate what you consider yourself to be:
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 Native Hawaiian Native Hawaiian
Asia Oblack, Anican Orispanic, Mexican Orispanic, Mexican Orispanic, Mexican Original Strategy Strateg
Asian or Far East Oblack, Calibbean/West Indian Orispanic, Poerto Nican Other
O Indian Subcontinent O Black, Other O Hispanic, South/Central American O Asian, Other O Hispanic, Other O Arab, N. African, Middle East

🔿 Caucasian, All Other Heritage

Religious Affiliation					
Please check one: Baptist Buddhist Episcopal Greek Orthodox Hindu	 Islamic Jehovah's Witness Jewish Lutheran Methodist 	 Mormon/LDS Pentecostal Presbyterian Protestant Roman Catholic 	 Russian Orthodox Seventh Day Adventist Sikh Non-Denominational None 	Other	
Educational Backgro	und				
Name of College/Univers City Graduation Date or Expected Graduation Date Courses to be Taken	e	State From (Mo	nth/Year) To (Month/Yea	ar)	
		ist of available courses, ple	ease visit stjohns.edu/courses.		
Image: Second ary education of the undersigned, hered University, including thos and complete. (Any omis Signature	isciplined for misconduct, onal institution? If yes, pl ted of a felony? If yes, pl by apply for admission to St.	IN] Interview Interview Interview Interview	ted, I agree to abide by all the contained herein is, to the bes	m any secondary or es No res No res No	
Certification					
Certification for Stu	idents Enrolled in Oth	ner Institutions of Hi	gher Education (Visiting	g Students Only)	
This is to certify that _	(Student Na		in good standing at	(Name of Institution)	and
has permission to reg	ister for the courses list	,		(Name of Institution)	
(Signatu	re of Dean/Registrar)		((Title)	
-	-	e at stjohns.edu/visi	tingstudents or call 1-8	88-9STJOHNS or 718-990-2000	

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