

St. John's University Office of Student Financial Services

Graduate Status Form 2024-2025

Student Name:		ID Number X	
Contact Number:		Alternate/Cell Number:	
Subm	nit form by securely upload	ing to: www.stjohns.edu/SFSdocumentupload	
	ACADEMI	C PERIOD: (Please circle one)	
	SUMMER 202	24 - FALL 2024 – SPRING 2025	
and our a assist us	cademic records regarding	hat you have indicated on your FAFSA application g your status as a "Graduate" student. In order to cy, please indicate below what your grade level will r.	
		aduate student, working towards ee, during the current academic	
	I will be a graduate academic year.	student during the current	
	I will be working too during the current a	vards a 2 nd Bachelor's Degree academic year.	
Student's Signature		Date	