



ST JOHN'S
College

ANNAPOLIS • SANTA FE

P.O. Box 2800
ANNAPOLIS, MARYLAND
21404

410-626-2510
FAX 410-626-0789

June 2011

Dear Freshman:

Welcome to St. John's! We are eagerly anticipating your arrival on campus in a few months.

Please complete these forms and return them to

Registrar's Office
St. John's College
P.O. Box 2800
Annapolis, MD 21404

at your earliest convenience, but no later than August 1, 2011. If you have any questions about the forms or the registration process, please do not hesitate to give us a call (410-626-2509) or email (registrar@sjca.edu).

We look forward to meeting you in August, and we look forward to your matriculation at St. John's. Have a wonderful summer!

Sincerely yours,

Daniel E. Crowe

Daniel E. Crowe
Registrar

St. John's College – Annapolis, Maryland

FRESHMAN REGISTRATION FORM

YEAR: 2011-2012

(PLEASE PRINT LEGIBLY)

NAME: _____ **CLASS OF: 2015**
LAST FIRST MIDDLE (MAIDEN)

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
STREET

HOME TELEPHONE NUMBER: _____ **STUDENT CELL PHONE NUMBER:** _____

EMAIL ADDRESS: When you enroll at St. John's you will be issued a college email account, which will be used for all communications from college offices and for distribution of email among members of the college community. If you have another email address, please provide it in the space below so that we may have another way to contact you. Please print clearly.

LAST HIGH SCHOOL ATTENDED: _____ **CITY:** _____ **STATE:** _____

DATE OF HIGH SCHOOL GRADUATION: MONTH/YEAR ____/____

EMERGENCY INFORMATION

In case of an emergency, it is the College policy to notify the parents of students. Please provide us with back-up emergency numbers in the event your parents cannot be reached.

Name	Address (City, State only)	Relationship	Phone Number
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BILLING ADDRESS (only if different from home):

NAME: _____ **PHONE:** _____

STREET ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

LOCAL OFF CAMPUS ADDRESS (if applicable) (**THIS IS NOT YOUR HOME ADDRESS AS STATED ABOVE**):

STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

NICKNAME (if any): _____

MARRIED: No

Yes **SPOUSE'S FULL NAME:** _____

Is spouse an alumnus or alumna of St. John's College? No Yes, Class of: _____

HOMETOWN NEWSPAPER/CITY: _____

FATHER'S INFORMATION:

NAME: _____ IF SJC ALUMNUS, YR: _____

OCCUPATION/TITLE: _____

ADDRESS: _____
_____ ZIP: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

HOME PHONE NUMBER: _____

BUSINESS PHONE _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

COLLEGE(S) ATTENDED: _____

MOTHER'S INFORMATION:

NAME: _____ IF SJC ALUMNA, YR: _____

OCCUPATION/TITLE: _____

ADDRESS: _____
_____ ZIP: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

HOME PHONE NUMBER: _____

BUSINESS PHONE _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

COLLEGE(S) ATTENDED: _____

GRANDPARENTS' INFORMATION:

MATERNAL: _____
NAME ADDRESS CITY STATE ZIP

PATERNAL: _____
NAME ADDRESS CITY STATE ZIP

LIST ANY RELATIVES WHO HAVE ATTENDED ST. JOHN'S COLLEGE:

NAME	RELATIONSHIP	YEAR

Please contact the Alumni Office if you know anyone who would like to be on our mailing list.

I acknowledge that it is my responsibility to read the Student Handbook carefully for each year I am enrolled at St. John's College, to consult with the dean and the assistant dean concerning items I do not understand, and to abide by the provisions contained therein.

Student's Signature

Date



ST JOHN'S College

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21404

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June 2011

Dear Student:

Under the Family Educational Rights and Privacy Act (FERPA) parents may obtain their student's non-directory information (grades, GPA, don rag notes, etc.) only at the discretion of the institution and after it has been determined that you are legally their dependent. Our College policy generally is not to disclose this information to your parents without your signed consent. You are considered a **dependent** student if you are declared as a dependent on your parents' most recent Federal Income Tax form. For **independent** students (i.e., those not claimed as a dependent on the parents' most recent Federal Income Tax form), federal law itself prohibits the disclosure of this information.

In the freshman year after the first semester don rag, and in accordance with the above policies, the Dean sends letters to parents of **dependent** freshmen either stating that the work in every class is at least satisfactory or briefly indicating where the work is unsatisfactory. If your parents would like to know more than that – and most parents would – you should discuss the Don Rag report with them.

In the freshman year after the first semester don rag, the parents of **independent** freshmen receive a letter in which it is stated that the first-semester don rag has taken place, but that we may not disclose any information. If, as an independent student, you wish your parents not to receive such a letter, please inform the Office of the Dean.

The dean and assistant dean may also report to parents of **dependent** students any information affecting their enrollment status and, in the case of dependent seniors, any circumstances that may jeopardize their graduation. When a **dependent** student withdraws from the college during the semester, the parents will be notified.

Whether you are **dependent** or **independent** and you would like your parents to receive a copy of your grades and/or don rag reports, you must provide the registrar with a signed request each time you wish to release them. If you want to allow the dean and/or assistant Dean to discuss your academic records with your parents, you must complete a release form in the Office of the Registrar.

Policy aside, I very much hope that you will talk to your parents freely and candidly about your work at St. John's.

Sincerely yours,

Pamela Kraus

Pamela Kraus
Dean

PLEASE CHECK ONE BOX ONLY (Dependent or Independent):

- I am a **DEPENDENT** student.
- OR**
- I am an **INDEPENDENT** student; (if you checked independent, please check one box only below)
 - DO** permit
 - DON'T** permit

St. John's College to notify my parents about my academic and disciplinary status at the College.

Name – please print legibly

Signature

Date

ST JOHN'S COLLEGE

ANNA POLIS • SANTA FE

PLEASE READ THIS IMPORTANT NOTICE CAREFULLY.
PLEASE RETURN THE SIGNED FORM TO ACKNOWLEDGE THAT YOU HAVE READ AND
THAT YOU UNDERSTAND IT.

NOTICE ABOUT PREVENTING DISCLOSURE OF DIRECTORY INFORMATION

Academic Year 2011-2012

To: All Students

From: The Office of the Registrar – St. John's College, Annapolis

The following information is designated as “Directory Information” and may be disclosed for any purpose at the discretion of St. John’s College: Name, home and local address, telephone number and email address, photograph, date and place of birth, field of study, enrollment status, class schedule, participation in officially recognized activities and sports, essay titles, dates of attendance, anticipated degrees and degrees and awards received and dates of same, and previous educational agencies or institutions attended.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA) as amended, you have the right to refuse to let the College designate any or all of these items as “directory information.” If you choose to do so, the College will not disclose this information unless you give us specific written permission to do so or as otherwise required or permitted by law. It will be your responsibility to contact the Office of the Registrar if you need to have this information reported to a third party (including your parents). St. John’s College assumes no liability for honoring your instructions that such information be withheld. St. John’s College officials with a *legitimate educational interest* are entitled to be given this information under FERPA. **The College reserves the right to release Directory Information in cases of emergency.**

If you wish to withhold any or all of your Directory Information as defined above from release, you must inform the Office of the Registrar in writing no later than August 15, 2011.

Thank you.

The College Policy on compliance with the Family Educational Rights and Privacy Act (FERPA) is published in the Student Handbook.

I have read and understand the above notification.

Printed name

Signature

Date

FRESHMAN CONVOCATION ROBE FORM

Freshman Convocation is a formal ceremony where you will become part of the St. John's Community by signing the College Register. For the ceremony, which takes place on the afternoon of Freshman Registration day, you will be wearing academic robes. Men should wear a collared shirt, slacks and dress shoes. Women should wear a skirt or slacks and dress shoes.

In order for us to provide you with the correct size gown, please provide the following information:

Name: _____

Height: _____

Please check here if you need an extra large gown



COMPUTER INFORMATION FOR INCOMING FRESHMEN

Information Technology Services (ITS) supports the College's mission and strategic directions by providing information technology services and support.

Our goal is to provide you information on computer standards, the campus student lab and network access as well as how to obtain your network account. If you have questions or inquiries about our services and support we invite you to contact the ITS Help Desk at 410-626-2892 or helpdesk@sjca.edu. Please identify yourself as an incoming freshmen.

Network Connections

All dorms at St. John's College are wired for access to the Internet and the campus network. In addition, wireless network access is available in a number of common spaces throughout the campus. You will need a Network Account (see below) to access the network. If needed, a network cable can be purchased at the campus bookstore.

Network Account

ITS will provide you with a network account, a username and password that you will use to access campus computers, the campus network, a college provided personal email account and disk space. This information and a document describing appropriate use of College resources will be provided during registration. Acceptance of an account signifies that you have read and agree to comply with these guidelines. While wireless access is provided in some areas, as per these guidelines, **students are not permitted to setup wireless access points themselves.**

The Hodson Computer Center (Student Lab)

The Hodson Computer Center is located on the lower level of the Barr Buchanan Center and it is equipped with Windows and Macintosh computers, laser printers and scanners.

The primary purpose of the facility is to provide you with access to Office applications, email, the Internet and other applications needed for, and a benefit to, your academic work. With your College issued ICard badge, the center is accessible twenty-four hours a day, seven days a week during the academic year. Student Assistants are available in the center at designated times to provide you with assistance in the use of campus computer resources.

Computer Configuration Standards

The information below outlines the current minimum recommendations for Windows-based and Macintosh computers for use by students at St. John's College. The intention is to recommend both hardware and software for a system that will remain useful for the next few years and allow ITS to support you with problems related to accessing our network services.

In order to participate in the college network, and obtain ITS support services, your computer must meet or exceed these recommendations.

Windows Hardware/Software Recommendations

Processor	Desktop/Laptop: Intel Core 2 Duo, or AMD 64X2 Dual Processor
Memory	2 GB (4 GB is highly recommended)
Hard Drive Capacity	100 GB or more
Operating System	XP/Vista/7/Linux
Office Suite	Microsoft Office 2003, 2007 or 2010 A free alternative is Open Office or Libre Office
Web Browser	Internet Explorer/Mozilla Firefox/Chrome
Anti-Virus/ Anti-Spyware	Required

Macintosh Hardware/Software Recommendations

Processor	2.66 GHz Intel Core 2 Duo
Memory	2 GB (4 GB is highly recommended)
Hard Drive Capacity	100 GB or more
Operating System	Mac OS X 10.6 and above/Linux
Office Suite	Microsoft Office MAC 2008 or 2011 A free alternative is Open Office or Libre Office
Web Browser	Firefox/Safari/Chrome/
Anti-Virus/ Anti-Spyware	Required

Name: _____

Survey of Enrolling Freshmen

We need two pieces of information from you for our own records and for various guides:

- 1) Are you transferring from another college or have you completed at least the equivalent of one full semester of college work (Do not count college level work taken while in high school)? Yes _____ No _____
- 2) National Merit Scholarship Status: Please indicate your status if you are a participant in this competition. If your final status is not yet known, indicate your status as the date of the last notification.

Scholar _____ Semifinalist _____ Finalist _____ Commended Scholar _____

The Admissions Office is always looking for better ways to inform prospective students about the unique program at St. John's. In order to make the best use of our resources, it is vitally important for us to know which of our activities has been successful. Please help us by carefully completing this survey. Thanks for your help.

- 3) Were you a participant or winner in any of the following programs? If so, did you receive a letter and brochure from St. John's?

<u>Participant/Winner</u>	<u>Received Brochure</u>
_____ Maryland Distinguished Scholars	_____
_____ National Council of Teachers of English Writing Awards	_____
_____ West Virginia Scholars	_____

- 4) Did you receive a free copy of Peterson's Regional or Competitive guide to colleges and universities, mailed to you after you took the PSAT?

Regional Guide _____ Competitive Guide _____

- 5) Did you contact or were you contacted by one of our alumni representatives?
Yes _____ No _____

- 6) Did you attend a reception for prospective students and their families hosted by the Admissions Office and the Alumni Association? Yes _____ No _____
If yes, in which city did you attend? _____
- 7) Which single activity or offering (i.e., mailings, acknowledgement of documents, campus visit program, receptions with alumni) of the Admissions Office did you find most helpful?
- 8) Which single activity or offering of the Admissions Office did you find least helpful?
- 9) What else might have been done in order to help you in the admissions process?
- 10) Did you take the Preliminary Scholastic Aptitude Test (PSAT)? Yes___No___
If yes, did you participate in the Student Search Service? Yes___No___
If yes, did you receive a brochure from St. John's? Yes___No___
If yes, did you return a card requesting more information? Yes___No___
- 11) If you took the PSAT, what subject did you list as your intended major?

St. John's College
Annapolis, Maryland
Assumption of Risk, Release and Indemnification
Athletics

As a student, employee or guest of St. John's College, I acknowledge that I have been extended the opportunity to participate in intramural sports and other athletic activities offered by the College (such uses and participation are individually and collectively referred to herein as "Athletics"). I acknowledge that Athletics may be unsupervised and that I am solely responsible for my participation in Athletics. I further acknowledge that Athletics may involve a significant risk of bodily injury, including permanent disability, paralysis, and possibly death, and/or damage to property of myself or others. These risks may result from use of the facility or equipment, from the activity itself, from the weather or other natural conditions, from the acts of others, from transportation, from the unavailability of emergency medical care, or other sources.

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries and even death are possible, I hereby expressly assume all of the risks of injury or death that could occur by reason of my participation in Athletics, whether on the College's campus or elsewhere.

In consideration of the opportunity to participate in Athletics, I do hereby, for myself, my heirs, administrators and assigns, **RELEASE AND HOLD HARMLESS** St. John's College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, claims, or demands of any kind and nature whatsoever, including attorneys fees and costs, which may arise by or in connection with my participation in Athletics. I further agree to **HOLD HARMLESS AND INDEMNIFY** St. John's College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, claims, or demands of any kind and nature whatsoever, including attorneys fees and costs, by any person which may arise by or in connection with my participation in Athletics.

I represent and certify that I am at least 18 years of age or, if I am under 18, that I have the permission of my parent(s) and/or guardian(s) to participate in Athletics as acknowledged by his, her or their signature(s) below. I certify that I am signing this document voluntarily and intend to be legally bound by its terms. I certify that my participation in Athletics is voluntary. **I certify that I have the requisite physical ability and training to properly and safely participate in Athletics.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT.

Print Name

Signature

Date

PARENT/GUARDIAN RELEASE

I am the parent or legal guardian of the minor, _____, and I am signing this document on behalf of said minor.

Date: _____, 20__

Print name of parent/guardian: _____

Sign name of parent/guardian: _____

St. John's College
Annapolis, Maryland
Assumption of Risk, Release and Indemnification
Boathouse Facilities

As an employee, student, or guest of St. John's College, I acknowledge that I have been extended the privilege of entering the boathouse area and using the watercraft and related equipment. I understand that I must make arrangements with the Boathouse Steward to use the watercraft. I acknowledge that my use of the watercraft will be unsupervised, and that I am solely responsible for my use of the watercraft. I further acknowledge that boating and water activities may involve a significant risk of bodily injury, including permanent disability, paralysis, and possibly death, and/or damage to property of myself or others. These risks may result from use of the facility or equipment, from the activity itself, from the weather or other natural conditions, from the acts of others, from the unavailability of emergency medical care, or other sources.

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries and even death are possible, I hereby expressly assume all of the risks of injury or death that could occur by reason of my use of the boathouse facility and watercraft.

In consideration of the permission granted to me to enter the boathouse facility and use the watercraft under the terms described above, I do hereby, for myself, my heirs, administrators and assigns, **RELEASE AND HOLD HARMLESS** St. John's College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, claims, or demands of any kind and nature whatsoever, including attorneys fees and costs, which may arise by or in connection with my use of the boathouse facility and/or watercraft. I further agree to **HOLD HARMLESS AND INDEMNIFY** St. John's College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, claims, or demands of any kind and nature whatsoever, including attorneys fees and costs, by any person which may arise by or in connection with my use of the boathouse facility and/or watercraft.

I represent and certify that I am at least 18 years of age or, if I am under 18, that I have the permission of my parent(s) and/or guardian(s) to participate in the stated activities as acknowledged by his, her or their signature(s) below. I certify that I am signing this document voluntarily and intend to be legally bound by its terms. I certify that my use of the boathouse facility and/or watercraft is voluntary. **I certify that I have an adequate knowledge of boating and water safety, that I have the requisite physical ability and training to properly and safely use the facility and equipment, and that I am able to swim.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT.

Print Name

Signature

Date

PARENT/GUARDIAN RELEASE

I am the parent or legal guardian of the minor, _____, and I am signing this document on behalf of said minor.

Date: _____, 20__

Print name of parent/guardian: _____

Sign name of parent/guardian: _____