

FAX COVER SHEET

Date: _____

To: Hofstra University Continuing Education

Fax: (516) 463-4836

From: _____
(Student Name)

Re: Student Registration

PLEASE PRINT CLEARLY.
*Denotes required fields

Course Registration

FALL _____ SPRING _____ SUMMER _____



HOFSTRA UNIVERSITY
CONTINUING EDUCATION

M / F
Male / Female

*Student's Last Name _____ *First Name _____ M.I. _____
*Address _____ *Date of Birth _____
*City _____ *State _____ *ZIP _____
*Home Phone _____ Cell Phone _____
Work Phone _____ *E-mail _____

FOR CHILD'S REGISTRATION ONLY

*Parent's Name _____
*Emergency Contact (other than parent) _____
*Emergency Contact Phone Number _____
*Student Age _____ *D.O.B. _____ *Grade _____

*COURSE INFORMATION

Course Code	Course Title	Tuition	Course Materials Fee	Total

*METHOD OF PAYMENT

Check enclosed Charge to: Visa MasterCard AmericanExpress
Type of Bank Account: Checking Account Savings Account
(Checks payable to Hofstra University)

Cardholder's Name (please print) _____

Card Number _____ Exp. Date _____

Cardholder's Signature _____

Billing Address for Credit Card _____ City _____ State _____ ZIP _____

Subtotal _____
Continuing Education Tuition Discounts
 Continuing Education _____
 Saturday Classes Youth
Discounts cannot be combined.

TOTAL _____

How did you hear about our courses?

OFFICE USE ONLY

Date	Initials

Payment Reference # _____
Order # _____

Tuition Discounts for Saturday Classes

Sibling Discount _____
 Hofstra Full-Time Employee _____
 Alumnus Year of Graduation _____
Name at Time of Graduation _____
Major and Degree _____

**Fax this registration form to: 516-463-4836
or mail to:**
Hofstra University Continuing Education
Registrar's Office
University College Hall
250 Hofstra University
Hempstead, NY 11549-2500