



**HOFSTRA UNIVERSITY**

HEMPSTEAD, NEW YORK 11549 • HOFSTRA.EDU

Hofstra University  
Office of Undergraduate Admission  
100 Hofstra University  
Hempstead, NY 11549-1000  
(516) 463-6700  
1-800-HOFSTRA  
hofstra.edu

## To Apply for Undergraduate Admission as a Transfer Student

*Undergraduate transfer applicants to Hofstra University may apply by using this paper application or by using our online application at [hofstra.edu/apply](http://hofstra.edu/apply) (application fee is reduced to \$50 for online applicants). International candidates should file the **Hofstra University International Undergraduate Student Application for Admission**. To receive a copy, contact us at the address listed above. Please be advised that all materials and documents submitted as part of an application become the property of Hofstra University and cannot be returned to the applicant.*

Hofstra University accepts transfer applications for the fall and spring semesters. Transfer candidates are considered on a “rolling basis.” While there is no deadline for applications, students are encouraged to apply on or before **March 1** for the fall semester and **November 1** for the spring semester so as to receive the fullest consideration. Once your application and all supporting credentials are received, your application will be reviewed by our Admission Committee. We begin notifying transfer applicants of their admission decisions in mid-November for the spring and late February for the fall, then on a rolling basis thereafter.

Students who found it necessary to leave after completing course work at Hofstra University may apply for re-admission by filing this application.

### CHECKLIST

#### To apply, please submit the following:

- A completed, signed and dated *2010 Transfer Student Application for Undergraduate Admission*.
- A nonrefundable \$70 application fee in the form of a check or money order payable to Hofstra University. Include your name on the check.
- Official high school transcript(s) and SAT or ACT score(s) if less than 24 completed college credits appear on your transcript at the time of application.
- An official transcript from EACH college you attend/attended.
- Informational interviews are available and may be scheduled with an admission counselor by calling the Office of Undergraduate Admission at 1-800-HOFSTRA.

All materials should be sent to the Hofstra University Office of Undergraduate Admission at the address listed above. A return envelope is enclosed for your convenience.

**NOTE:** Hofstra University accepts the Common Application in lieu of its own form and gives equal consideration to both. Applicants may obtain copies of the Common Application online at [www.commonapp.org](http://www.commonapp.org).

## SPECIAL ENROLLMENT OPTIONS

**If you are interested in being considered for one of the special enrollment options, please indicate by selecting the appropriate box on page 3.**

**Hofstra University Honors College (HUHC)**, serves students who perform at the highest academic levels in any undergraduate program or major. The HUHC curriculum is designed to provide a wide-ranging and multidisciplinary intellectual experience while fostering a sense of community and identity among students who share the HUHC experience. Transfer students who have earned a 3.5 GPA or higher are invited into HUHC upon admission. Students who have earned honors credits at a previous institution may apply them toward completion of the Honors College Recognition designation.

**Physician Assistant (PA) Studies Program** educates competent and compassionate professionals by building upon a strong liberal arts and sciences foundation. The professional track begins in the junior year, and all prerequisite course work (the pre-PA phase) must be completed prior to entering the professional track. All students interested in PA Studies must be admitted to Hofstra University prior to being considered for the program. Once admitted to Hofstra, transfer students may apply by completing the PA Studies application. The selection committee will contact applicants regarding an interview. For further information, visit [hofstra.edu/pap](http://hofstra.edu/pap), e-mail [PAprogram@hofstra.edu](mailto:PAprogram@hofstra.edu), or call (516) 463-4074.

**Note:** If you have already earned a bachelor's degree, you must apply through the Central Application Service for Physician Assistants (CASPA) at [caspaonline.org](http://caspaonline.org). Do not complete this application.

**1. PERSONAL INFORMATION**

*Please print in ink or type.*

\_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE INITIAL  
 \_\_\_\_\_  
 OTHER NAMES YOU HAVE USED  
 \_\_\_\_\_  
 MAILING ADDRESS NUMBER AND STREET APT. NO.  
 \_\_\_\_\_  
 CITY/TOWN STATE/COUNTRY ZIP/POSTAL CODE  
 ( ) ( )  YES  NO  
 HOME TELEPHONE NUMBER CELLULAR TELEPHONE NUMBER MAY WE SEND YOU TEXT MESSAGES?  
 / /  FEMALE  MALE SOCIAL SECURITY NUMBER\* (OPTIONAL)  
 \_\_\_\_\_  
 DATE OF BIRTH PLACE OF BIRTH FEMALE MALE SOCIAL SECURITY NUMBER\* (OPTIONAL)  
 \_\_\_\_\_  
 E-MAIL ADDRESS I.M. SCREEN NAME  
 \_\_\_\_\_  
 \*IT IS REQUIRED TO SUPPLY THIS NUMBER IF YOU ARE APPLYING FOR NEED-BASED FINANCIAL AID.

**CITIZENSHIP STATUS**

U.S. Citizen       U.S. Permanent Resident      Country of birth \_\_\_\_\_  
 Non-Resident Alien       Other  
 If "Other," indicate country of citizenship \_\_\_\_\_  
 Are you currently living in the U.S.?  Yes  No      If "Yes," indicate your current visa status \_\_\_\_\_

**IS ENGLISH YOUR NATIVE LANGUAGE?**     Yes     No

If "No," indicate your primary language \_\_\_\_\_ How many years have you studied English? \_\_\_\_\_

**ETHNICITY** (Ethnicity questions are optional.)

- Are you of Hispanic/Latino descent (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?       Yes       No
- Please indicate your race below (select one or more that apply):
  - American Indian or Alaska Native       Asian       Black or African American
  - Native Hawaiian or Other Pacific Islander       White

**2. ACADEMIC INTERESTS & INFORMATION**

**Semester of entry:**     Spring 2010, full-time       Fall 2010, full-time  
                                   Spring 2010, part-time       Fall 2010, part-time  
**Type of applicant:**     Transfer from two-year college  
                                   Transfer from four-year college  
                                   Re-admit (previously attended Hofstra and received grades)  
**Housing plans:**       I plan to apply for campus housing.  
                                   I plan to commute.       I am unsure at this time.

Are you planning to apply for financial assistance?       Yes     No  
 Have you applied to Hofstra before?  Yes  No      If "Yes," indicate semester and year \_\_\_\_\_

**Special Enrollment Options**

Please indicate if you are interested in being considered for any of the following special enrollment options (refer to the Hofstra Web site and page 2 of this application for information about these programs):

- Hofstra University Honors College (HUHC)       Physician Assistant (PA) Studies Program

Please indicate your interest in any of the following:

- Pre-Dental     Pre-Law     Pre-Med     ROTC-Army



## 4. FAMILY INFORMATION

### FATHER OR GUARDIAN

\_\_\_\_\_ IS HE LIVING? YES  NO   
 LAST NAME FIRST MIDDLE  
 \_\_\_\_\_  
 ADDRESS (IF SAME AS YOURS, WRITE "SAME.") CITY STATE/COUNTRY ZIP/POSTAL CODE  
 \_\_\_\_\_  
 OCCUPATION EMPLOYER E-MAIL ADDRESS  
 ( )  
 BUSINESS TELEPHONE NUMBER COLLEGE(S) ATTENDED DEGREE(S) EARNED

### MOTHER OR GUARDIAN

\_\_\_\_\_ IS SHE LIVING? YES  NO   
 LAST NAME FIRST MIDDLE  
 \_\_\_\_\_  
 ADDRESS (IF SAME AS YOURS, WRITE "SAME.") CITY STATE/COUNTRY ZIP/POSTAL CODE  
 \_\_\_\_\_  
 OCCUPATION EMPLOYER E-MAIL ADDRESS  
 ( )  
 BUSINESS TELEPHONE NUMBER COLLEGE(S) ATTENDED DEGREE(S) EARNED

Parents' Marital Status (relative to each other)  Never married  Married  Widowed  Separated  Divorced (date): \_\_\_\_\_

If you, your spouse, or your parent/guardian is an employee of Hofstra University, please check the appropriate box below and provide the employee's Hofstra identification number.

Self  Spouse  Parent/Guardian  
 Employee's Hofstra identification number \_\_\_\_\_

When mailing information to parents, who should receive it?  Parents jointly  Mother  Father  Guardian  
 With whom do you make your permanent home?  Both parents  Mother  Father  Ward of Court/State  Other

Are any immediate family members graduates of Hofstra University?

Name	Relationship	Hofstra University Degree and Year of Graduation
_____	_____	_____
_____	_____	_____

## 5. EXTRACURRICULAR ACTIVITIES, HONORS, AWARDS and EMPLOYMENT

List school and community extracurricular activities that have been important to you.

You may submit a separate sheet of paper.

ACTIVITY	# OF HOURS PER WEEK	OFFICE(S) HELD OR HONOR(S) EARNED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any academic honors and awards you have received (i.e., National Merit Scholarship, Phi Theta Kappa Scholarship).

Beginning with the most recent, list paid work experiences, including internships.

POSITION	EMPLOYER	DATES OF EMPLOYMENT	# OF HOURS PER WEEK
_____	_____	_____	_____
_____	_____	_____	_____

Check any of the following activities you may wish to participate in at Hofstra:

- 88.7 FM WRHU – Radio Hofstra University
- Center for Civic Engagement
- The Chronicle* – School Newspaper
- Division I Athletics/Intramural Sports
- Greek Life (Fraternalities/Sororities)
- Internships
- Music (Instrumental/Vocal)
- Performance Clubs
- Spirit Support
- Study Abroad

**6.**  
**ADDITIONAL**  
**INFORMATION**

Have you ever been suspended, expelled or required to withdraw for disciplinary reasons from any high school or college/university?

Yes  No

If "Yes," attach a detailed explanation.

Have you ever been charged with, convicted of, or pled guilty or no contest to a felony charge?

Yes  No

If "Yes," attach a detailed explanation.

If you are not currently in attendance at a college/university, describe your activities since your last school attendance.

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Is there any additional information you wish to share with the Admission Committee?

Please feel free to include a personal statement.

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To what other colleges/universities are you applying:

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**7. SIGNATURE**

I declare that the information I have given above is true and complete, to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

In compliance with the federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, detailed information on campus security is available by accessing the Hofstra Web site at [http://www.hofstra.edu/pdf/StudentAffairs/PublicSafety/pubsaf\\_csr.pdf](http://www.hofstra.edu/pdf/StudentAffairs/PublicSafety/pubsaf_csr.pdf) or the U.S. Department of Education Web site for campus crime statistics at <http://ope.ed.gov/security> or by contacting the Advisory Committee on Campus Safety. The Advisory Committee will provide upon request all campus crime statistics as reported to the U.S. Department of Education. For additional information, please call the Office of Public Safety at (516) 463-6606.

Hofstra University continues its commitment to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, age, national or ethnic origin, physical or mental disability, marital or veteran status in the conduct and operation of its educational programs and activities, including admission and employment. This statement of nondiscrimination is in compliance with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and other federal, state and local laws. The Americans with Disabilities Act compliance officer in the Plant Department (516) 463-6641 is designated by the University to coordinate its efforts to comply with Section 504. The Equal Rights and Opportunity Officer is the University's official responsible for coordinating its adherence to Title IX and other equal opportunity regulations and laws. Questions or concerns regarding Title IX or other aspects of this policy (other than Section 504) should be directed to the Equal Rights and Opportunity Officer at (516) 463-6775, C/O Office of Legal Affairs and General Counsel, 101 Hofstra University, Hempstead, NY 11549.



## DEAN OF STUDENTS CERTIFICATION AND RECOMMENDATION FORM

### TO THE TRANSFER APPLICANT:

Please complete this section and submit this form to the dean of students at each institution you have attended. Your signature authorizes the release of information regarding your disciplinary record. Failure to submit this form will prohibit review of your application. If you have been involved in any disciplinary action at a previous institution, we strongly encourage you to submit a detailed statement explaining the incident. The completed form must be sent directly to the Office of Undergraduate Admission, 100 Hofstra University, Hempstead, NY 11549-1000.

### Applicant Information

LAST NAME	FIRST NAME	MIDDLE INITIAL
PERMANENT STREET ADDRESS		
CITY	STATE	ZIP/POSTAL CODE
TELEPHONE	SOCIAL SECURITY NUMBER (OPTIONAL)	
APPLICANT SIGNATURE (TO AUTHORIZE RELEASE OF STUDENT DISCIPLINARY RECORDS)		DATE

### TO THE EVALUATOR:

This form is to be completed only by a campus official who has access to and is authorized to release information on disciplinary records. This is not an academic recommendation. Please complete the following information regarding the above-named student, who is applying for transfer admission to Hofstra University. You may use a separate piece of paper or the reverse side of this form for additional comments.

1. DO YOU HAVE ACCESS TO STUDENT DISCIPLINARY RECORDS?  Yes  No
2. HAS THE APPLICANT BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION FOR CONDUCT AT YOUR INSTITUTION EITHER ON CAMPUS OR OFF CAMPUS? (If yes, please explain briefly on the reverse side or a separate piece of paper.)  Yes  No
3. IS THE APPLICANT ELIGIBLE TO RETURN TO YOUR INSTITUTION?  Yes  No
4. HAS THE APPLICANT BEEN SUSPENDED, DISMISSED, EXPELLED OR FORCED TO WITHDRAW FROM YOUR INSTITUTION FOR DISCIPLINARY REASONS?  Yes  No
5. HOW LONG HAS THE APPLICANT ATTENDED YOUR INSTITUTION? \_\_\_\_\_
6. TO THE BEST OF YOUR KNOWLEDGE, ARE THERE ANY FACTORS THAT WOULD INTERFERE WITH THIS APPLICANT'S ABILITY TO MAKE TYPICAL PROGRESS TOWARD HIS/HER DEGREE? (If yes, please explain briefly on the reverse side or a separate piece of paper.)  Yes  No

Signature	Date
Name Printed	Title/Position
School	Telephone
E-mail	

**OVER**

PERFORATION - DO NOT PRINT

