



HOFSTRA UNIVERSITY.

REGISTRATION FORM

_____ **SEMESTER**

Student's Last Name _____ First Name _____
Please Print Please Print

Student's ID# 700 _____ Level UG ___ GR ___ CL ___

CRN	DEPARTMENT	COURSE	SECTION	DAYS	HOURS	#CREDITS
	TOTAL CREDITS					

Adviser's Signature _____

Print Adviser's Name _____

I understand that I am responsible to formally drop or withdraw from classes and that I will be held responsible for all billings regardless of class attendance. I also understand that I am responsible for all costs associated with the collection of this debt.

Student's Signature

Date