HOFSTRA UNIVERSITY

REGISTRATION/ADD/DROP FORM

Semester _____

Student's Last Name_____ **First Name**_____ **Student's ID# 70**_____

Please Print Please Print

Level: (circle one) **UG GR CL**

COURSES I WISH TO ADD (1)

CRN	DEPARTMENT	COURSE	SECTION	DAYS	HOURS	#CREDITS
					TOTALCREDITS	

COURSES I WISH TO DROP (2)

CRN	DEPARTMENT	COURSE	SECTION	DAYS	HOURS	#CREDITS
					TOTALCREDITS	

REVISED CREDIT LOAD: _____

- (1) **I understand payment for this registration is my responsibility and that if payment is not received or deferred by the due da will be subject to late fees**
- (2) **I understand that dropping or withdrawing from this course may result in loss of financial aid for the current and future te**
- **I understand that by signing this form 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 t collection of this debt.**

_____ _____

Student's Signature Date

_____ _____ _____

Adviser's Signature (If required) Print Adviser's Name Date