



HOFSTRA UNIVERSITY.

OFFICE OF RESIDENTIAL PROGRAMS WAIVER FORM FOR 8 SEMESTER POLICY

Student Name (Last, First) _____ (Please Print)

Hofstra Student ID# _____

Student Contact # _____ Academic Major _____

I am requesting to live on campus for more than the allowed 8 semesters due to the reason(s) listed below:

- Course/Academic Requirement
Internship
Last semester prior to graduation
ARC Requirements
Prior Leave of Absence (Please Explain)

Other (Please Specify)

Name of Advisor who can verify the above information : _____ (Please Print)

Title: _____ Extension: _____

I hereby give permission to have any records reviewed related to verifying the above information.

Student Signature: _____ Date: _____

For Departmental Use Only
Semester: _____ Approved _____ Denied _____
Signature: _____ Date: _____