



HOFSTRA UNIVERSITY®

Office of Academic Records and Registrar
207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

GRADUATE APPLICATION FOR PERMISSION TO ENROLL IN COURSES AT ANOTHER INSTITUTION

The following form is to be completed by the student as indicated. (Please print in ink.) The student is responsible for obtaining the approval of the appropriate Hofstra departmental chair as well as the major adviser. The student is required to present the bulletin of the other institution at the time of the request for approval. The student must also receive permission from the coordinator of graduate programs. Upon completion, please **return this form to the Welcome Desk in 206 Memorial Hall, South Campus.**

STUDENT LAST NAME (PLEASE PRINT) _____ FIRST _____ MI _____ HOFSTRA ID NUMBER 70 - _____

STREET _____ CITY _____ STATE _____ ZIP _____

The above-named student requests permission to enroll at _____ in _____
for the following course(s): NAME OF UNIVERSITY OR COLLEGE LOCATION

| <u>To be completed by student</u> | | |
|-----------------------------------|-------|-----------|
| Course | Title | Sem. Hrs. |
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |
| 5 | _____ | _____ |
| 6 | _____ | _____ |

| <u>To be completed by chair of department</u> | |
|---|-----------------|
| Hofstra Equivalent Course | Chair Signature |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Semester or session during which course(s) shall be taken: (Check one.)

Fall January Spring Summer I Summer II Summer III 20__

I plan to graduate at the end of the semester indicated above. Yes No

Signature _____
STUDENT DATE

The above-named student is in good standing and has the approval of Hofstra University to register for the course(s) indicated.

MAJOR ADVISER/COORDINATOR _____ DATE _____

ACADEMIC RECORDS ADMINISTRATOR _____ DATE _____

CHAIR OF MAJOR DEPARTMENT _____ DATE _____

SENIOR VICE PROVOST (if required) _____ DATE _____

Please Note:

- Credit will be applied upon receipt by Hofstra of an official transcript listing completed courses. Please have transcripts sent to the Office of Academic Records and Registrar, 207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260.
- Please see the *Graduate Studies Bulletin* for regulations pertaining to the residency requirement.
- Students must earn a minimum grade of B- in order to receive transfer credit.

| | | | |
|---------------------|---------------|------------------|-------------|
| FOR OFFICE USE ONLY | DATE ADMITTED | MAJOR AND DEGREE | CEEB NUMBER |
|---------------------|---------------|------------------|-------------|