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

CRN	DEPARTMENT	COURSE	SECTION	DAYS	HOURS	#CREDITS
					TOTALCREDITS	

COURSES I WISH TO DROP

CRN	DEPARTMENT	COURSE	SECTION	DAYS	HOURS	#CREDITS
					TOTALCREDITS	

REVISED CREDIT LOAD: _____

Adviser's Signature (If required) _____ Print Adviser's Name_____

By signing below, I understand and agree to all of the following:

1) that payment for this registration is my responsibility and that if payment is not received or deferred by the due date I will be subject to late fees;
2) that dropping or withdrawing from courses may result in loss of financial aid for current and future terms;
3) that I am responsible for formally dropping or withdrawing from classes and that I will be held responsible in accordance with all University policies for tuition and fees as stated in the current Undergraduate and Graduate University Bulletin, regardless of my class attendance; and
4) that I am responsible for all collection costs and legal fees associated with the collection of all unpaid tuition and fees.

_____ _____

Student's Signature Date