

5. I confirm that I am currently a student in good standing at _____
(school)
_____ ; that I am eligible to continue my classes at
(location)
_____ ; that there are no pending disciplinary proceedings against me; that I have not been convicted of any felony or misdemeanor charges; and there are currently no pending criminal charges against me.

6. SIGNATURE I declare that the information I have given above is true and complete, to the best of my knowledge.

SIGNATURE

DATE

CAMPUS SAFETY REPORT

The Federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act requires colleges and universities to publish and distribute an annual security report containing policies and procedures as well as campus crime statistics.

HOFSTRA UNIVERSITY'S ANNUAL CAMPUS SAFETY REPORT

The Campus Safety Report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings or property owned or controlled by Hofstra University, and/or on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security such as policies on alcohol and drug use, crime prevention, the reporting of crimes, sexual assault and other matters. You may obtain a copy of this report by contacting the Department of Public Safety at (516) 463-6606 or by accessing the following Web site: www.hofstra.edu/campusafetyreport.

Hofstra University continues its commitment to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, age, national or ethnic origin, physical or mental disability, marital or veteran status in the conduct and operation of its educational programs and activities, including admission and employment. This statement of nondiscrimination is in compliance with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and other federal, state and local laws. The Americans with Disabilities Act compliance officer in the Plant Department (516) 463-6641 is designated by the University to coordinate its efforts to comply with Section 504. The Equal Rights and Opportunity Officer is the University's official responsible for coordinating its adherence to Title IX and other equal opportunity regulations and laws. Questions or concerns regarding Title IX or other aspects of this policy (other than Section 504) should be directed to the Equal Rights and Opportunity Officer at (516) 463-6775, C/O Office of Legal Affairs and General Counsel, 101 Hofstra University, Hempstead, NY 11549.



1-800-HOFSTRA
www.hofstra.edu



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Office of Undergraduate Admission
100 Hofstra University
Hempstead, NY 11549-1000
(516) 463-6700
1-800-HOFSTRA, ext. 610
www.hofstra.edu

2007 Visiting Student Application

Matriculation:

A visiting student is not considered to be a matriculated student at Hofstra University. To seek matriculation you must apply using the freshman or transfer application.

Financial Aid:

There is no financial aid available from Hofstra University for visiting students. However, financial aid from your home institution may transfer to Hofstra University. You should consult with your home institution's financial aid office.

Housing:

There is no housing available for visiting students.

A COMPLETED APPLICATION MUST INCLUDE:

Visiting From College

1. Visiting Student Application.
2. Written approval by the appropriate officials from your home institution certifying your good academic standing.
3. A nonrefundable check or money order for \$50 made payable to Hofstra University.

Visiting From High School

1. Visiting Student Application.
2. Recommendation from your guidance counselor.
3. Official transcripts from your high school.
4. A nonrefundable check or money order for \$50 made payable to Hofstra University.

1. PERSONAL INFORMATION

Please print in ink or type.

LAST NAME FIRST NAME MIDDLE INITIAL

OTHER NAMES YOU HAVE USED

ADDRESS NUMBER AND STREET APT. NO.

CITY/TOWN STATE/COUNTRY ZIP/POSTAL CODE

() ()
HOME TELEPHONE NUMBER CELLULAR TELEPHONE NUMBER

_____/_____/_____
DATE OF BIRTH PLACE OF BIRTH FEMALE MALE SOCIAL SECURITY NUMBER (OPTIONAL)

E-MAIL ADDRESS

CITIZENSHIP STATUS

U.S. citizen Permanent resident Country of birth _____
 Refugee Other
 If "Other," indicate country of citizenship _____
 Are you currently living in the U.S.? Yes No If "Yes," indicate your current visa status _____

IS ENGLISH YOUR NATIVE LANGUAGE? Yes No
 If "No," indicate your primary language _____ How many years have you studied English? _____

(OPTIONAL) Which of the following best describes you (choose one):

Native American or Eskimo Black or African-American Asian or Pacific Islander
 Hispanic or Latino White/Caucasian (non-Hispanic) Other _____

2. FAMILY INFORMATION

FATHER OR GUARDIAN

LAST NAME FIRST MIDDLE IS HE LIVING? YES NO

ADDRESS (IF SAME AS YOURS, WRITE "SAME.") CITY STATE/COUNTRY ZIP/POSTAL CODE

OCCUPATION EMPLOYER E-MAIL ADDRESS

()
BUSINESS TELEPHONE NUMBER COLLEGE(S) ATTENDED DEGREE(S) EARNED

MOTHER OR GUARDIAN

LAST NAME FIRST MIDDLE IS SHE LIVING? YES NO

ADDRESS (IF SAME AS YOURS, WRITE "SAME.") CITY STATE/COUNTRY ZIP/POSTAL CODE

OCCUPATION EMPLOYER E-MAIL ADDRESS

()
BUSINESS TELEPHONE NUMBER COLLEGE(S) ATTENDED DEGREE(S) EARNED

Is either parent a full-time employee of Hofstra University? Yes No
 When mailing information to parents, who should receive it? Parents jointly Mother Father Guardian
 With whom do you make your permanent home? Both parents Mother Father Other
 Are any immediate family members graduates of Hofstra University?

Name	Relationship	HU Degree and Year of Graduation
_____	_____	_____
_____	_____	_____

3. ACADEMIC INTERESTS & INFORMATION

Semester of entry: Fall 2007 Spring 2007
 January Session Summer Session I
 Summer Session II Summer Session III

Status: Currently attending high school Currently attending college

Have you applied to Hofstra before? Yes No If "Yes" indicate semester and year _____

HIGH SCHOOL DATA:

NAME OF HIGH SCHOOL CITY STATE ZIP

CEEB CODE [][][][][][] (if unknown, see Guidance Office) GRADUATION DATE ____/____/____
 MO/YR

What is your cumulative high school average? _____ Weighted Unweighted

What is your high school rank? _____ Class Size _____

COLLEGE/UNIVERSITY DATA:

Please list all colleges attended.

COLLEGE NAME	LOCATION	DATES OF ATTENDANCE		# CREDITS
		MO/YR	TO MO/YR	
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____

4. ADDITIONAL INFORMATION

Have you ever been suspended, expelled or required to withdraw for disciplinary reasons from any high school or college?
 Yes No
 If "Yes," attach a detailed explanation.

Have you ever been charged with, convicted of, or pled guilty or no contest to a felony charge?
 Yes No
 If "Yes," attach a detailed explanation.

If you are not currently in attendance at a high school or college, describe your activities since your last school attendance.

