Add/Drop/Withdrawal Form Hofstra University Confidential



Check Applicable box: ☐ Add/Drop ☐			Withdrawal	☐ Cancelled Course (CE Office use only)	☐ Refund (CE Office			
can not be proc All requests mus	essed without a	signature and dat pleting this form a	ite. Continuing Ed and either faxed to	course the below informatio ducation refund policy appli o (516)463-4836 or mailed t tention: Registrar.	es to all course	changes.		
STUDENT INF	ORMATION		PLEASE PR	RINT CLEARLY				
Last Name First Na				Name	e Middle Initial			
Street Address					Date of Birth			
City State					Zip			
Daytime Phone N	lumber			Eveni	ing Phone Numl	per		
Cell Phone Numb	per			Email	Address			
Drop or Withd	rawal			Add				
Course Code	Tuition	Course Material Fee	Total	Course Code	Tuition	Course Material Fee	Total	
	\$	\$	\$		\$	\$	\$	
	\$	\$	\$		\$	\$	\$	
					*			
	\$	\$	\$		\$	\$	\$	
	\$	\$	\$		\$	\$	\$	
		Sub Total	\$			Sub Total	\$	
		Total				Total	\$	
REASON FOR	WITHDRAWAL	_/REFUND						
Payment /	Refund Info	ormation				FOR OFFICE USI	E ONLY	
Payments – Hofstra Continuing Education administration will invoice registrant via email for any additional tuition payments due; if any.								
payments due, il any.						Order #		
Refunds – will be issued to original form of payment.						Payment Reference #		
Student/Da	rent Signat	turo					Date	