HOFSTRA UNIVERSITY

REGISTRATION/ADD/DROP FORM

SEMESTER _____

Student's Last Name_____ **First Name**_____ **Student's ID# 70**_____

Please Print Please Print

Level: UG – Visiting High School student

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 high school students attending classes at Hofstra University are considered visiting students and are responsible for University tuition, fees and other applicable charges in effect at Hofstra for the session or semester of attendance. Payment for this registration is my responsibility and if payment is not received or deferred by the due date I will be assessed late fees which are my responsibility to pay;
2) 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 University Bulletin for my program of study, regardless of my class attendance; and
3) that if I do not pay the full amount of my tuition, fees, or other amounts owed to Hofstra, I will be responsible for all costs and expenses associated with the collection of such unpaid amounts, including the fees of any collections agency, which may be based on a percentage of the total balance due (up to a maximum of 45% of the total balance due) and reasonable attorney's fees; and
4) if a student is under 18 years of age, a parent or guardian must sign below. Parent/guardian signature indicates that the parent/guardian understands and agrees to the above and takes responsibility for payment of all amounts due as stated above.

_____ _____ _____ _____

Student's Signature Date Parent/Guardian's Signature Date