HOFSTRA UNIVERSITY®
OFFICE OF ACADEMIC RECORDS
207 Memorial Hall
126 Hofstra University
Hempstead, New York 11549-1260

DUAL-DEGREE CONDITIONAL ACCEPTANCE FORM

- This form indicates this student has been conditionally accepted into the graduate program as part of an undergraduate dual-degree program.
- The form must be signed by the appropriate Chair/Program Director of the dual-degree program, who will submit the form to the Office of Academic Records/Registrar for processing.

Admit Type: ☐ Direct Entry ☐ Continuing Student/Transfer (Junior Class Standing)

Date: _____ Name:_____
Last First

Student ID# _____

Undergraduate Degree Program: _____

Anticipated UG Degree Conferral Date (circle one):

December January May August YEAR: _____

Note: The anticipated graduate degree matriculation term will be the semester following the anticipated UG graduation date.

Graduate Degree Program: _____

Student Signature: _____

_____ _____ _____
Chair/Program Director Name **Chair/Program Director Signature** **Date**

This form must be printed and submitted to the Office of Academic Records/Registrar for processing.

For use by Office of Academic Records/Registrar only:

_____ _____ _____
Processed by Signature Date