To Apply for Admission to the Summer Pre-College Program:

Admission is selective and based on all the materials submitted. We welcome applications from students of varied academic interests. Applicants must have completed their sophomore or junior year of high school.

Applications will be accepted from January 15 to May 1, 2010. All applications received after May 1 will be considered on a space-available basis. All application materials must be received in order for the admission review process to be initiated.

A completed application includes the following:

- A completed, signed and dated 2010 Hofstra University Summer Pre-College Program application.
- Official high school transcript.
- A completed High School Principal or Director of Guidance Recommendation/High School Report form.
- A completed Parent/Guardian Acknowledgment and Release form.
- Copy of standardized testing scores (PSAT, SAT, ACT), if applicable.
- A nonrefundable $50 application fee in the form of a check or money order made payable to Hofstra University. Include your name on the check.

All application materials should be sent to: Hofstra University
Office of Summer Pre-College Program Admission
100 Hofstra University
Hempstead, NY 11549-1000

To ensure that the student’s Summer Pre-College Program experience enhances his or her current high school performance, we advise the applicant to speak with his or her guidance counselor before applying.

Note: Admission to the Summer Pre-College Program does not guarantee admission to any other academic program available at Hofstra University.

Matriculation

A Summer Pre-College Program participant is not considered a matriculated student at Hofstra University. To seek matriculation, you must apply using the First-Year Student or Transfer Application.

Financial Aid

There is no financial aid available from Hofstra University for Summer Pre-College Program participants.

Housing

Summer Pre-College Program participants may reside at Hofstra University for the duration of the four-week program.
1. **PERSONAL INFORMATION**

   Please print in ink or type.

   **LAST NAME** | **FIRST NAME** | **MIDDLE INITIAL**
   ![Table](#)

   **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
   - U.S. Permanent Resident
   - Country of Birth ____________________________________________
   - Non-Resident Alien
   - 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? ________________

   **ETHNICITY** (optional)

   1. Are you of Hispanic/Latino descent (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?
      - Yes
      - No

   2. Please indicate your race below (choose all that apply):
      - American Indian or Alaska Native
      - Asian
      - Black or African American
      - Native Hawaiian or Other Pacific Islander
      - White

2. **FAMILY INFORMATION**

   **FATHER OR GUARDIAN**

   **LAST NAME** | **FIRST** | **MIDDLE** | **IS HE LIVING?**
   ![Table](#)

   **ADDRESS (IF SAME AS YOURS, WRITE “SAME.”)**

   **CITY**

   **STATE/COUNTRY**

   **ZIP/POSTAL CODE**

   **OCCUPATION**

   **EMPLOYER**

   **E-MAIL ADDRESS**

   **BUSINESS TELEPHONE NUMBER**

   **COLLEGES(S) ATTENDED**

   **DEGREE(S) EARNED**

   **MOTHER OR GUARDIAN**

   **LAST NAME** | **FIRST** | **MIDDLE** | **IS SHE LIVING?**
   ![Table](#)

   **ADDRESS (IF SAME AS YOURS, WRITE “SAME.”)**

   **CITY**

   **STATE/COUNTRY**

   **ZIP/POSTAL CODE**

   **OCCUPATION**

   **EMPLOYER**

   **E-MAIL ADDRESS**

   **BUSINESS TELEPHONE NUMBER**

   **COLLEGES(S) ATTENDED**

   **DEGREE(S) EARNED**

   **With whom do you make your permanent home?**

   - Both parents
   - Mother
   - Father
   - Other ________

   **Are any immediate family members graduates of Hofstra University?**

   **Name**

   **Relationship**

   **Hofstra University Degree and Year of Graduation**
3. HIGH SCHOOL INFORMATION

NAME OF HIGH SCHOOL: ____________________________ 
CITY: ____________________________ STATE: ______ ZIP: ______
CEEB CODE: ______ ______ ______ (If unknown, see guidance office.) GRADUATION DATE: ______ / ______ / ______

What is your highest grade completed? ☐ 9 (Freshman) ☐ 10 (Sophomore) ☐ 11 (Junior) ☐ 12 (Senior)

What is your cumulative high school average? ___________ ☐ Weighted ☐ Unweighted

What is your high school rank? ___________ Class Size ___________ 

4. ADDITIONAL INFORMATION

Have you ever been suspended, expelled or required to withdraw for disciplinary reasons from any high school? ☐ 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.

5. COURSE SELECTION

Please indicate your top three course preferences. Space is limited; if your first choice is unavailable, you may be admitted to your second or third Summer Pre-College Program choice.

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First Choice: ☐ Introduction to Forensic Anthropology (ANTH 143) ☐ Elementary Chinese* (CHIN 1)
Second Choice: ☐ Introduction to Linguistics (LING 101) ☐ Elementary Italian* (ITAL 2)
Third Choice: ☐ Studies in Literature: Vampires & Gothic (CLL 151) ☐ Intermediate Italian* (ITAL 3)
☐ Principles of Economics (ECO 1) ☐ Intermediate Spanish* (SPAN 3)
☐ Two-Dimensional Design I: Black and White (FA 10) ☐ Theories of Human Nature (PHI 25)
☐ History – American Civilization I (HIST 13) ☐ International Politics (PSC 135)
☐ Ethics and Principles of American News Media (JRNL 1) ☐ Introduction to Psychology (PSY 1)
☐ Introduction to Digital Photography (FA 170C) ☐ Oral Communication (SPCM 1)

* A language placement exam is required.

6. PROGRAM OPTIONS

Please indicate if you will participate in the Residential Program or Commuting Student Program. If you choose the Residential Program, please complete the 2010 Summer Pre-College Program Housing and Dining Plan Application.

☐ Residential Program ☐ Commuting Student Program

7. THE PRINCETON REVIEW SAT PREP CLASS

Please indicate if you would like to register for The Princeton Review’s SAT Prep Class during the Summer Pre-College Program.

☐ Yes ☐ No

8. SIGNATURE

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

SIGNATURE OF APPLICANT: ____________________________ 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: hofstra.edu/campus safet yreport.

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 employment and in the conduct and operation of Hofstra University’s educational programs and activities, including admissions, scholarship and loan programs and athletic and other school administered programs. This statement of nondiscrimination is in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act, the Age Discrimination Act and other applicable federal, state and local laws and regulations relating to nondiscrimination (“Equal Opportunity Laws”). The Equal Rights and Opportunity Office is the University’s official responsible for coordinating its adherence to Equal Opportunity Laws. Questions or concerns regarding any of these laws or other aspects of Hofstra’s Equal Opportunity Statement should be directed to Jennifer Mone, the Equal Rights and Opportunity Officer, at (516) 463-7310, C/O Office of Legal Affairs and General Counsel, 101 Hofstra University, Hempstead, NY 11549. For more information on general student matters (not work-related), you may contact the Dean of Students or Services for Students with Disabilities Offices, as appropriate.
# HIGH SCHOOL PRINCIPAL OR DIRECTOR OF GUIDANCE RECOMMENDATION/HIGH SCHOOL REPORT

## TO THE STUDENT APPLICANT:

Please complete this portion of the High School Principal or Director of Guidance Recommendation/High School Report and return it to your guidance office.

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**PERMANENT STREET ADDRESS**

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**HIGH SCHOOL NAME**

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**CONFIDENTIALITY STATEMENT**

The Family Educational Rights and Privacy Act of 1974 grants you the right to review this document if you enroll in the Summer Pre-College Program at Hofstra University. You may waive your right to access if you choose to do so. Check the appropriate box and sign your name.

- [ ] I waive my right of access to this recommendation.
- [ ] I do not waive my right of access to this recommendation.

**APPLICANT’S SIGNATURE**

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## TO THE PRINCIPAL OR DIRECTOR OF GUIDANCE:

Please supply the following information about this applicant, attach a transcript with student’s completed application form, and mail it to the address listed above. Thank you for your cooperation.

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**OFFICE TELEPHONE**

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**E-MAIL ADDRESS**

How long have you known the applicant? ________________________________

A) Student’s rank:

- [ ] Top 10%  /  /  /  Valedictorian
- [ ] Other %  Number  Class size

B) Decile rank if exact rank is not available _________________________

C) Cumulative GPA ___________  [ ] Weighted  [ ] Unweighted

D) Test Scores (if applicable)

- [ ] ACT  Score ____  Date Taken ______
- [ ] PSAT  Critical Reading: Score ____  Date Taken ______

Math: Score ____  Date Taken ______

Writing: Score ____  Date Taken ______

- [ ] SAT  Critical Reading: Score ____  Date Taken ______

Math: Score ____  Date Taken ______

Writing: Score ____  Date Taken ______

E) Please describe the student’s academic curriculum as compared to other college-bound students in your school.

- [ ] Most Challenging
- [ ] Very Challenging
- [ ] Average
- [ ] Less Than Challenging

Continued on next page.
HIGH SCHOOL PRINCIPAL OR DIRECTOR OF GUIDANCE RECOMMENDATION/HIGH SCHOOL REPORT

F) Please answer the following questions about the applicant.

Summarize the reasons you think the applicant would benefit from the Summer Pre-College Program at Hofstra University.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Note any behavioral or social issues that may interfere with the applicant’s progress in this program.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Please write an evaluation of the applicant’s academic and personal characteristics, leadership ability, talents and potential for intellectual growth. You may attach a separate letter if you prefer.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

I recommend this applicant:

❑ with great enthusiasm  ❑ without reservation  ❑ strongly  ❑ with reservation

❑ I have attached a separate letter.

SIGNATUREDATE
2010 Hofstra University Summer Pre-College Program Application

2010 HOFSTRA UNIVERSITY SUMMER PRE-COLLEGE PROGRAM
PARENT/GUARDIAN ACKNOWLEDGMENT AND RELEASE

Name of Applicant ________________________________________________

Address, City, State, ZIP __________________________________________

Applicant Date of Birth ____________________________________________

Name of Parent/Legal Guardian ______________________________________

Address of Parent/Legal Guardian ____________________________________

Phone Number of Parent/Legal Guardian ______________________________

E-mail of Parent/Legal Guardian ______________________________________

Emergency Contact Name, Relation and Phone Number __________________

TO THE PARENT/GUARDIAN:

Hofstra University Summer Pre-College Program (“Program”), as described at hofstra.edu/precollege, will take place July 6-30, 2010. Please read, sign and return this form to the address listed above. Students will not be permitted to participate unless this form is signed and returned prior to commencement of the Program.

• I am the parent/legal guardian of the above-named applicant.

• I approve of this application and give permission for my child to participate in this Program.

• If he/she is accepted and enrolled, I agree to pay tuition costs and residential fees for the above-named applicant and recognize that refunds can be made only according to the refund schedule stated at hofstra.edu/precollege.

• I understand and agree that my child will comply with the University’s rules, standards and instructions. I understand that the University and its agents and employees have the right to enforce its standards and may at any time terminate my child’s participation in the Program for failure to maintain these standards or for any conduct that the University or its agents consider to be incompatible with the interest and welfare of my child, other participants or the University.

• I understand and hereby acknowledge that I, on behalf of my child, myself and my family, assume all risks incurred from my child’s participation in the Program and in off-campus activities.

• I understand that I am responsible for my child’s medical or medication needs and further agree that in an emergency and/or if I cannot be reached, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my child’s health and safety. I authorize the University, its agents and employees to place my child, at their discretion and without my further consent, in a hospital or in the care of a medical professional for medical services and treatment. I understand that I am responsible for any fees and expenses for any service and/or treatment.

• I understand that I am solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with my child’s participation in the Program.

• In consideration of my child being allowed to participate in the Program, on behalf of my child, myself and my family, I hereby release and agree to hold Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless from and against any and all claims, losses, damages, expenses (including attorneys’ fees, and all court and litigation costs) and liabilities (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of or in any way connected with the Program and my child’s participation therein.

Continued on next page.
2010 Hofstra University Summer Pre-College Program Application

Continued from previous page.

2010 HOFSTRA UNIVERSITY SUMMER PRE-COLLEGE PROGRAM
PARENT/GUARDIAN ACKNOWLEDGMENT AND RELEASE

• I agree, beginning as of the date of execution of this Acknowledgment and Release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter “Pictures”) and/or audio recordings (“Recordings”) may be taken of my child, individually or with others, by or on behalf of Hofstra University in connection with this Program, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University, and that such rights are freely assignable by Hofstra University. I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings may be used, reproduced or otherwise disseminated or published by or on behalf of Hofstra University directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that Hofstra University desires. For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge Hofstra University, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright, or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings.

I have read the foregoing before affixing my signature below, and warrant that I fully understand the contents thereof.

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

SIGNATURE OF WITNESS DATE

ADDRESS OF WITNESS

AGREEMENT OF APPLICANT

If admitted to the Hofstra University Summer Pre-College Program, I agree to abide by the academic and social policies of the program and of Hofstra University. I understand that failure to abide by these regulations may result in dismissal.

SIGNATURE OF APPLICANT DATE
2010 HOFSTRA UNIVERSITY SUMMER PRE-COLLEGE PROGRAM
HOUSING AND DINING PLAN APPLICATION

Part I: Applicant Information

Gender:  ❑ Male  ❑ Female  Date of Birth ______/______/______

Last Name ___________________________  First ___________________________

Middle ___________________________

Hofstra ID # ___________________________

Home Street Address ___________________________

Home Phone Number ___________________________

(   ) ___________________________

Cell Phone Number ___________________________

(   ) ___________________________

e-mail Address ___________________________

Hofstra e-mail Address (if known) ___________________________

Part II: Assignment Criteria

– To assist us in meeting your housing needs, please complete the information below.

Room Preference:  ❑ Single _________  ❑ Double _________

Please indicate if you are in need of special accommodations in your room, per ADA regulations.*
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

*Students with physical disabilities must register with Hofstra’s Services for Students with Disabilities by June 1, 2010.

Typical Study Hours:  ❑ Morning  ❑ Afternoon  ❑ Evening

❑ Late Night  ❑ No Preference

Specific Roommate Request:  Name: ___________________________  Hofstra ID#: ___________________________

Please indicate any special dietary restrictions.
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Part III: Signatures of Applicant and Parent/Guardian

This application will not be accepted without the signatures of both the applicant and parent/guardian.

By affixing our signatures below, we agree to abide by the Residential Living Agreement, a copy of which we have received. We further agree to abide by all rules and regulations established for the residence halls by the Office of Residential Programs, outlined in The Living Factor, the Code of Community Standards, and individual living units.

Signature of Applicant ________________________________________________  Date ______/______/______

Signature of Parent/Guardian ____________________________________________  Date ______/______/______

Continued on next page.
RESIDENTIAL LIVING AGREEMENT

Notice: Please read carefully all the provisions of this agreement before signing the Summer Pre-College Program Housing and Dining Plan Application; you will be legally bound by these provisions. This AGREEMENT is entered into by the Hofstra University Office of Residential Programs and the student signing the Housing and Dining Plan Application.

1. The acceptance of this agreement by the student and the University shall constitute the granting by the University to the student the right to use certain residence hall space subject to the conditions hereinafter set forth and to the student’s continued attendance in good standing as a properly registered student of the University. The University reserves the sole and exclusive right to terminate this agreement in accordance with the rules set forth below and the policies of the University relating to the termination of the agreement. These policies are published and available through the Office of Residential Programs.

2. All room and board charges are payable in accordance with the due dates established for the invoices sent to the student. If the invoice is not paid prior to the opening of the residence halls at the beginning of any semester, the student will be required to pay the charges due for that semester before being admitted to the residence halls. Unless the invoice is paid in full by the due date, the University reserves the right to void the agreement and reassign the accommodation while retaining all prepayments.

3. When vacancies occur in any residence hall, the University reserves the option to either fill the vacancy, or, if a double room, to require the remaining occupant of the vacant unit to occupy a like accommodation or accept an additional charge.

4. In the event that, in the opinion of the University, any portion of the residence halls requires investigation, repair or temporary closing for health and safety reasons, the student(s) occupying that portion of the residence halls may be requested to vacate the area. In the event other residence hall space is available, comparable space will be offered to such student(s). In an appropriate case, an adjustment of fees and charges will be made at the discretion of the University.

5. Residential Programs and authorized University personnel may enter a student’s room at any time for inspection, cleaning, inventory, maintenance, repairs, and in the event of building evacuations or emergencies. A student’s room may also be entered and searched in the event of reasonable grounds to believe that a crime or infraction of Residential Programs regulations is being committed. Each student is, with the other residents, jointly responsible for damages and may be charged a prorated share of the cost of whatever damages may occur from any cause to the public and semipublic areas in the residence hall. In all cases the University assessment is conclusive. The student must also surrender the room key and complete the checkout procedure upon completion of the agreement period(s) to fulfill provisions of this agreement.

6. The University and its officers, employees, and agents assume no responsibility for the loss, damage, or destruction of personal property kept or stored in the residence halls.

7. None of the following shall be permitted anywhere in the residence halls:
   a. No cooking appliances of any kind, including but not limited to: broilers, hot plates, hot pots, poppers, microwaves, electric heaters, extension cords or immersion coils. Personal microwaves are prohibited in the residence hall rooms and suites. Personal refrigerators are limited to one per room or two per suite.
   b. No illegal drugs or drug paraphernalia, including hookahs.
   c. No firearms, explosives, or any type of fireworks or weapons, including air pistols and BB guns.
   d. No gambling.
   e. No candles, incense, or anything that burns.
   f. No soliciting.
   g. No smoking.
   h. No littering or damaging of any area or equipment of the residence halls.
   i. No removal of lounge furniture to rooms.
   j. No tampering with fire extinguishers, equipment, alarms, or signs.
   k. No motorcycles or any gas engine vehicles are allowed in gunnels, storage areas of any kind.
   l. No throwing of anything from windows or balconies.
   m. No waterbeds or lofts.
   n. No life-support equipment of any form, including but not limited to: containerized oxygen units and/or electrical generators.
   o. No playing of sports that may cause damage to University property or harm to others.
   p. No creating of any type of hazardous condition.
   q. No construction, including lofts, bars, cinder blocks or materials to loft beds, etc.
   r. No illegal room changes.
   s. No proping of doors or tampering with security/card access equipment.
   t. No tampering with room stops, window stops, safety bars, or window stickers.
   u. No unauthorized wiring, including but not limited to: outside TV antennas, satellite dishes, room-to-room wiring, and extension cords.
   v. No amateur radios in hallways or stairwells.
   w. No halogen lamps.
   x. The duplicating of University keys (i.e., room/suite keys) is expressly prohibited.
   y. Failure to comply with a University official regulation may result in judicial action being taken.
   z. No curtains, valances or drapes. No tapestries or fabric shall be placed on the ceilings or walls.

8. The room assigned by this agreement will not be available for occupancy prior to the date set by the Office of Residential Programs and published prior to the beginning of the academic year and must be vacated and left in good order not later than the date published by the Office of Residential Programs in a separate notice issued prior to the end of the semester or immediately on the last date of attendance.

9. A student is deemed to have withdrawn from the University on his/her last date of attendance. If a student wishes to withdraw or is deemed to have withdrawn from or drops out of the University, his/her housing and housing deposit will be automatically terminated and he/she must vacate the residence hall, surrender his/her HofstraCard at which time any appropriate credits will be applied, complete a housing withdrawal form in the Office of Residential Programs, return the room key, and complete the checkout procedures.

10. If a student is reassigned to a room other than that stated in his/her agreement, all the terms of this agreement will be left and, where applicable, the student will be charged or refunded the prorated difference in the prevailing rates.

11. This agreement may be terminated at any time at the sole and exclusive prerogative of the University.

12. Upon acceptance of this agreement, it is understood and agreed, should the student be in default of any of the terms and conditions hereof or in the event of a termination of the agreement pursuant to the terms hereof, Hofstra University shall have the right to remove the student from the residence halls by summary proceedings or by other legal process, and in the event of such proceedings, both the University and the student waive trial by jury, and the student agrees that he/she will not assert any defense, setoff, or counterclaim against the University. The University reserves the right to summarily ban from the residence halls or reassign housing for any student charged with a violation of the Code of Community Standards. If a student is removed from the residence halls for judicial reasons, he/she forfeits the right to a refund of his/her housing charges and housing deposit. It is further understood and agreed that the student may not assign to or allow any portion of the residence hall premises to be occupied by any other person. Any attempted assignment or occupying of such space shall be null and void and shall automatically terminate this agreement and the student may be required to vacate the premises forthwith.

13. The student is required to abide by all residence hall rules and regulations and fire safety guidelines as set forth in The Living Factor, Code of Community Standards, terms of the Residential Living Agreement and Hofstra University rules and regulations, and understands that the University may take appropriate action, including termination of this agreement or reassignment for conduct that is found by the University to be in violation of such rules and regulations or that is otherwise detrimental to the welfare of residence hall students.