FAX COVER SHEET

Date: _____

	To: Hofstra University Contin	uing Edu	ıcation					
	Fax: (516) 463-4836							
	From:(Student Name)							
	Re: Student Registration							
PLEASE PRINT CLI *Denotes require	EARLY. Course Registra		(H	HOF Conti	STRA UN nuing Educa	NIVERSITY. TION	
*Student's Last Name	*First Name M.I.	☐ M Male	e / Female	OR CHILI	O'S REGISTRA	ATION ONLY (UNDER 1	8)	
*Address	(required under 18 years old) *Parent's Name							
*City	*State	*ZIP *Emergency Contact				(other than parent)		
*Home Phone	Cell Phone Work Phone				*Emergency Contact Phone Number			
*E-mail *COURSE INFORMATION	Organization			*Studen	t Age	*Date of Birth	*Grade	
Course Code	Course Title	Tuition	Course Tuition Disc	count	Total	OFFICE Date	USE ONLY Initials	
						Payment Refere	ence #	
*METHOD OF PAYMENT **Check enclosed (Checks payable to	Subtotal				Order #			
Charge to: ☐ Visa ☐ M Account Holder's Name	asterCard		TC	TAL				
Card Number	Exp. Date Security Code [AmEx cards utilizes 4-digits] it Card City State ZIP	How did you hear about our courses?				Hofstra University Continuing Education Registrar's Office Oak Street Center 255 Hofstra University		
	it Card City State ZIP Hofstra Universe u authorize check payments to be processed as Automated Clearing House ("ACH") it transaction. The result is that funds may be withdrawn from your account as soon	transactions, which in	nmediately debit the			Hempstead, N vill read the information fro	IY 11549-2500 12/ om a paper check and convert it to	