

Paralegal Studies Certificate Application

ABA Approved Paralegal Education



How to Apply

Please complete this application and send it with your application fee to:

Hofstra University Continuing Education
Oak Street Center
255 Hofstra University
Hempstead, NY 11549-2550
Attn: Paralegal Studies

General Application Requirements

Please Note:

When submitting your application for admission, be sure that you have met one of the following admission requirements.

An Associates Degree - or - A minimum of 60 earned College credits.

To Apply, submit the following:

- A completed, signed and dated Continuing Education Paralegal Studies certificate application.
- A non-refundable \$50 application fee in the form of an applicant's own credit or debit card; cash is not accepted. Refer to page 5 of this application for details.
- Official Transcripts - you must provide official transcripts from all post-secondary schools previously attended. Official Transcripts are signed, sealed documents which must be forwarded to Hofstra University Continuing Education directly from the educational institution(s). Most institutions charge a nominal fee for processing transcript requests.
- A 100-200 word statement discussing your motivation to enter the program.
- Completed FERPA form.

Note: Paralegals may not provide legal services directly to the public, except as permitted by law.

Paralegal Refund Policy - refer to ce.hofstra.edu/paralegal under Additional Information section.

International Students and Visas

Attendance in the Continuing Education Paralegal Studies certificate program does not qualify students for student visas under U.S. government regulations. Those looking to study in a student visa-authorized program should contact the Hofstra University Undergraduate Admissions Office (1-800-HOFSTRA) or Graduate Admissions Office (1-866-472-3463) about degree programs.

Questions?

Please call us at (516) 463-7200 to speak with an advisor.

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Applicant Information

Last Name First Name Middle Name

Previous Last Name (if applicable) Date of Birth Social Security Number (optional) [eg: 000-00-0000]

Street Address

City State Zip

Daytime Phone # [eg: 000-000-0000] Evening Phone # [eg: 000-000-0000] Cell Phone # [eg: 000-000-0000]

E-Mail Address

Gender Male Female Have you previously attended Hofstra University Yes No

Highest education level completed:

- Graduated High School on, or received GED on
- Associates Degree
- Bachelors Degree
- Masters Degree or higher
- Other:

CITIZENSHIP STATUS

- Country of birth
- U.S. Citizen U.S. Permanent Resident
 - Non-Resident Other
- If "Other," indicate country of citizenship

I plan to enter Hofstra University Continuing Education in:

Select term: Fall Spring Year

Choose one: Day Evening [Only offered in fall term]

Are you currently living in the U.S.?

Yes No

If "Yes," indicate current visa status:

The following 3 items are optional:

1. Are you Hispanic or Latino? Yes No

2. Select one or more races from the following groups:

- American Indian or Alaska Native White Asian
- Native Hawaiian/other Pacific Islander Black or African American

How did you hear about us?

- Internet Search TV
- Mailing Friends / Family
- Other

3. What other schools have you applied to?

ADDITIONAL INFORMATION

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

Yes No If "Yes," attach a detailed explanation.

Have you ever been charged with, convicted or, pled guilty or no contest to a felony charge?

Yes No If "Yes," attach a detailed explanation.

I certify that the information provided by me on this application (including all supplemental pages) is complete and accurate.

Applicant Signature

Date

FOR OFFICE USE ONLY

Student ID:

DECISION: Program Accept Accept FA Eligible (90-XPLG FA) Accept FA Ineligible (90-XPLG NOFA) Deny

Signature:

Date

Staff Initial

Date

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Applicant Name

Last Name First Name Date

Academic Information: List chronologically all post-secondary education (even if you i not complete a degree). Failure to list all institutions attended after high school constitutes grounds for dismissal.

College/University	Dates Attended [MM/YYYY to MM/YYYY]	Major/Field	Degree/Diploma	Degree/Diploma Date Granted	Credits Earned	Grade Point Average
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment History: List the names of organizations, dates of employment and duties with the most recent of relevant experience first. In addition, you may also attach your resume.

Organization	Address	Position/Duties	Dates of Employment [MM/YYYY to MM/YYYY]
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal Statement: Write a statement of 100-200 words discussing your motivation to enter this program. Include any relevant information about your background and personal qualifications that you would like the admissions committee to consider in its review. Be keenly aware of proper spelling, grammar and punctuation.

Indicate Payment Method(s)

- Financial Aid
 Direct Personal Payment
 Payment Plan

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A non-refundable \$50 application fee in the form of an applicant's own credit or debit card; cash is not accepted.

Last Name First Name Middle Name

Street Address

City State Zip

Payment Information:

Balance Due

Type of Account: Debit Credit Card

Type of Credit Card: American Express MasterCard Visa

Account Holder's Name (please print)

Credit Card #

Expiration Date

Credit Card Security Code

Account Holder's Signature

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
STUDENT RELEASE**



Student's Authorization for Disclosure

Student's Last Name Student's First Name

Student's Home Phone Student's Cell Phone

I authorize the release of my Student Records: Yes No

I hereby revoke this authorization of the release of my Student Records: Yes Date

Family Educational Rights and Privacy Act (FERPA) is a federal law which sets forth requirements regarding the privacy of student records. Complete information regarding FERPA can be found at:
<http://www.ed.gov/policy/gen/guid/fpco/index.html>

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 and authorize Hofstra University to discuss and/or disclose all my education records to the following individuals:

Name of Authorized Person

Relationship to Student

Address

City State Zip

Phone Fax

The purpose of the release is for assistance and advice in all my education records, if for other purpose please state

Please provide a challenge question and response that will be verified each time the Authorized Person speaks with a University representative. You must inform the Authorized Person of the challenge question and the response that you selected. Samples of challenge question: Name of your first pet? Color of your first car? Your favorite subject in high school? Father's middle name?

Challenge Question: (please limit to 90 characters including spaces)

Challenge Response: (please limit to 30 characters including spaces)

I understand that this authorization will be in effect as long as I am a student at Hofstra University Continuing Education or until I revoke this authorization in writing by visiting the Hofstra University Continuing Education Office at Hofstra University, Oak Street Center, 255 Oak Street, Hempstead, New York 11549.

I affirm that I have carefully read the forgoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

Student Signature

Date

Please print form and then sign.