

# Candidate Reply Form

Last Name First Name Middle Initial

All Previous Surnames/Maiden Name Hofstra ID#

Street Address Apt. #

City State ZIP

Home Phone Work Phone

Cell Phone E-mail Address

☐ I **accept** Hofstra University's offer of admission.

☐ I **accept** Hofstra University's offer of admission, and have enclosed the nonrefundable tuition deposit that is required for my program. Please make payments to "Hofstra University"

☐ I **defer** my acceptance to Hofstra University until:

☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

\*Some programs do not allow deferral of acceptance; contact your program director for more information. Please note that applicants who are admitted and are unable to start the program may defer their acceptance for two semesters up to one full academic year. Thereafter, the applicant must reapply.

☐ I **decline** Hofstra University's offer of admission. I have indicated my reason(s) below.

☐ Cost of tuition ☐ Employment ☐ Housing ☐ Location  
☐ Not attending school ☐ Programs offered ☐ Quality of faculty ☐ Scholarship offer

☐ Attending another school (please list): \_\_\_\_\_

☐ Other: \_\_\_\_\_

Please return this form to the Office of Graduate Admissions, 105 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260, or fax it to (516) 463-4664 as soon as possible.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_