

Hofstra University
Office of Undergraduate Admission
100 Hofstra University
Hempstead, NY 11549-1000
516-463-6700
hofstra.edu

### To Apply for Undergraduate Admission as a First-Year Student

First-year undergraduate candidates to Hofstra University may apply by using this paper application or by using our online application at **hofstra.edu/apply**. Please be advised that all materials and documents submitted as part of an application become the property of Hofstra University and cannot be returned to the applicant.

A first-year undergraduate applicant is a current high school senior, a high school graduate with no postsecondary coursework, or the recipient of a high school equivalency applying for matriculated (degree-seeking) status at Hofstra University. First-year candidates may apply as Early Action or Regular Decision.

**Early Action** is a nonbinding early application and notification process for fall semester first-year students only. Students accepted via Early Action are not required to withdraw other college applications, but are required to notify Hofstra University of their intentions by May 1. There are two rounds of Early Action as indicated in the chart below.

**Regular Decision** candidates are considered on a "rolling basis." While there is no deadline for regular decision applications, students are encouraged to apply early so as to receive the fullest consideration. Once your application and all supporting documents are received, the application is reviewed by our admission committee.

Application Type	Submission	Decision Notification Begins
Early Action 1	November 15	December 15
Early Action 2	December 15	January 15
Regular Decision	Rolling	February 1 and rolling basis thereafter

#### **CHECKLIST**

name on each page.

To	apply, please submit the following:
	A completed, signed and dated 2021 First-Year Student Application for Undergraduate Admission.
	A nonrefundable \$70 application fee in the form of a check or money order payable to Hofstra University. Include your name on the check. If the application fee presents a financial hardship, please ask your college advisor to contact Hofstra's Office of Undergraduate Admission for a possible waiver.
	Official transcript(s) from your high school.
	Recommendation from your high school guidance counselor and a teacher. Both are preferred; one (either) is required.
	Complete the Counselor Recommendation/High School Report and submit it to your guidance office.
	Official SAT or ACT scores (if applicable). If more than one set of scores is reported, Hofstra University will use the highest combined scores Test scores should be sent directly from ETS or ACT. The Hofstra University codes to report scores are 2295 for the SAT and 2760 for the ACT.
	A completed personal statement is strongly recommended and may be required upon review of your application. Please include your

test scores, or transcripts. Credit for such courses will be reviewed after an admission deposit is received.

Applicants who have completed AP, IB, or college course work through a sponsoring university should send appropriate documentation,

Informational interviews are available and may be scheduled with an admission counselor by calling the Office of Undergraduate Admission at 516-463-6700.

All materials should be sent to the Hofstra University Office of Undergraduate Admission at the address listed above.

NOTE: Hofstra University accepts the Common Application in lieu of its own form and gives equal consideration to both. Applicants may obtain copies of the Common Application from their high school guidance counselor or online at **commonapp.org**.

## HOFSTRA UNIVERSITY. 2021 First-Year Students

#### 2021 First-Year Student Application for Undergraduate Admission

# 1. PERSONAL INFORMATION

Please print in ink.

\*Please be sure to provide your legal given name (the name used on transcripts and standardized tests, for example).

2. ACADEMIC INTERESTS

MAIL ADDRESS	LAST NAME/SURNAME*		FIRST NAME*		MIDDLE NAME*
CITY STATE PROVINCE ( )   GIVEN PROVINCE ( )   GIVEN PROMISSION TO STATE PROVINCE	PREFERRED FIRST NAME (i	f different from your legal name)	OTHER NA	MES YOU HAVE USED ON	TRANSCRIPTS OR STANDARDIZED TESTS
COUNTRY   STATE/PROVINCE   ZIPPOSTAL CODE   COUNTRY   CELL PHONE NUMBER   INTERNATIONAL PHONE NUMBER (if applicable)   CELL PHONE NUMBER   INTERNATIONAL DIVONESSITY TO DAY (Country of International Country of Internatio	PERMANENT ADDRESS LIN	E 1			
CHAIL ADDRESS   SEX:   FEMALE**   MALE**   MALE**   SEX:   FEMALE**   MALE**   SEX:   FEMALE**   MALE**   MALE**   SEX:   FEMALE**   MALE**   SEX:   FEMALE**   MALE**   MALE**   SEX:   FEMALE**   MALE**   SEX:   SEX:   FEMALE**   MALE**   SEX:   SE	PERMANENT ADDRESS LIN	E 2 (if applicable)			
HOME PHONE NUMBER   INTERNATIONAL PHONE NUMBER (if applicable)   CELL PHONE NUMBER   HOPSTRA LINIVESSITY TO SEND   SEX:   FEMALE**   MALE**   **Please indicate your sex. If your care large stagely sightless apply to share more about your gender identity via email to admission@kofstra.edu.    CITIZENSHIP STATUS   U.S. Citizen or U.S. National   U.S. Dual Citizen*   *Country of citizenship:   to share more about your gender identity via email to admission@kofstra.edu.    U.S. Refugee or Asylee*   U.S. Permanent Resident*   *Country of citizenship:   Other (Non-U.S.) If "Other," indicate country of citizenship and country of birth:   Do you currently hold a valid U.S. visa?   Yes   No   If "Yes," indicate your current visa type:   Date of entry into the United States:   If "No," indicate what type of visa you intend to apply for:   OPTIONAL INFORMATION	CITY	STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY
SEX.   FEMALE**   MALE**   M	HOME PHONE NUMBER	INTERNATIONAL PHONE NUME	ER (if applicable) CEI	) LL PHONE NUMBER	HOFSTRA UNIVERSITY TO SEND ME IMPORTANT UPDATES VIA TEXT MESSAGING.
□ U.S. Refugee or Asylee <sup>+</sup> □ U.S. Permanent Resident <sup>+</sup> +Country of citizenship: □ Other (Non-U.S.) If "Other," indicate country of citizenship and country of birth: □ Do you currently hold a valid U.S. visa? □ Yes □ No  If "Yes," indicate your current visa type: □ Date of entry into the United States: □ What college, university, or other institution issued your visa? □ If "No," indicate what type of visa you intend to apply for: □ OPTIONAL INFORMATION  1. Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanis culture or origin, regardless of race)? □ Yes □ No  2. Please check one or more of the following boxes to describe your race: □ American Indian or Alaska Native □ Asian □ Black or African-American □ Native Hawaiian or Other Pacific Islander □ White  3. Please indicate your U.S. military service status (if applicable): □ U.S. Military Active Duty □ U.S. Reserves or National Guard □ Veteran of U.S. Armed Forces □ U.S. Military Dependent/Spouse/Widow(er) Service Dates: (mo/yr) to (mo/yr) to (mo/yr) to (mo/yr) to (mo/yr) to (mo/yr) Full-time □ Part-time  Type of applicant: □ Early Action 1 (Fall 2021 Submission Deadline: November 15) Early Action 2 (Fall 2021 Submission Deadline: December 15) Regular Decision (Rolling Basis)	/ /	SEX: ☐ FEMALE** [	■ MALE** please fe	eel free to report your legal se	ent legal sex differs from your sex assigned at birth ex. If you would like the opportunity, we invite you
□ Other (Non-U.S.) If "Other," indicate country of citizenship and country of birth:	CITIZENSHIP STA	TUS U.S. Citizen or U			
Do you currently hold a valid U.S. visa?	_	•			
If "Yes," indicate your current visa type:		•	_	ountry of birth:	
What college, university, or other institution issued your visa?  If "No," indicate what type of visa you intend to apply for:  OPTIONAL INFORMATION  1. Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanis culture or origin, regardless of race)?	-				
OPTIONAL INFORMATION  1. Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanis culture or origin, regardless of race)?	-			-	
OPTIONAL INFORMATION  1. Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanis culture or origin, regardless of race)?	What college, unive	ersity, or other institution issue	ed your visa?		
1. Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanis culture or origin, regardless of race)? ☐ Yes ☐ No  2. Please check one or more of the following boxes to describe your race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander ☐ White  3. Please indicate your U.S. military service status (if applicable): ☐ U.S. Military Active Duty ☐ U.S. Reserves or National Guard ☐ Veteran of U.S. Armed Forces ☐ U.S. Military Dependent/Spouse/Widow(er) Service Dates: (mo/yr) to (mo/yr)  Semester of entry: ☐ Spring 2021 (classes start January 2021) ☐ Fall 2021 (classes start September 2021)  Status: ☐ Full-time ☐ Part-time  Type of applicant: ☐ Early Action 1 (Fall 2021 Submission Deadline: November 15) ☐ Early Action 2 (Fall 2021 Submission Deadline: December 15) ☐ Regular Decision (Rolling Basis)	If "No," indicate w	hat type of visa you intend to	apply for:		
culture or origin, regardless of race)?					
<ul> <li>□ Asian □ Black or African-American □ Native Hawaiian or Other Pacific Islander □ White</li> <li>3. Please indicate your U.S. military service status (if applicable): □ U.S. Military Active Duty</li> <li>□ U.S. Reserves or National Guard □ Veteran of U.S. Armed Forces □ U.S. Military Dependent/Spouse/Widow(er)</li> <li>Service Dates: (mo/yr) to (mo/yr)</li> <li>Semester of entry: □ Spring 2021 (classes start January 2021) □ Fall 2021 (classes start September 2021)</li> <li>Status: □ Full-time □ Part-time</li> <li>Type of applicant: □ Early Action 1 (Fall 2021 Submission Deadline: November 15)</li> <li>□ Early Action 2 (Fall 2021 Submission Deadline: December 15)</li> <li>□ Regular Decision (Rolling Basis)</li> </ul>				o Rican, South or C	entral American, or other Spanish
□ U.S. Reserves or National Guard □ Veteran of U.S. Armed Forces □ U.S. Military Dependent/Spouse/Widow(er)  Service Dates: (mo/yr) to (mo/yr)  Semester of entry: □ Spring 2021 (classes start January 2021) □ Fall 2021 (classes start September 2021)  Status: □ Full-time □ Part-time  Type of applicant: □ Early Action 1 (Fall 2021 Submission Deadline: November 15) □ Early Action 2 (Fall 2021 Submission Deadline: December 15) □ Regular Decision (Rolling Basis)		-	-		
Status: ☐ Full-time ☐ Part-time  Type of applicant: ☐ Early Action 1 (Fall 2021 Submission Deadline: November 15) ☐ Early Action 2 (Fall 2021 Submission Deadline: December 15) ☐ Regular Decision (Rolling Basis)	☐ U.S. Reserves of	r National Guard   Veteran		•	-
Status: ☐ Full-time ☐ Part-time  Type of applicant: ☐ Early Action 1 (Fall 2021 Submission Deadline: November 15) ☐ Early Action 2 (Fall 2021 Submission Deadline: December 15) ☐ Regular Decision (Rolling Basis)					
Status: ☐ Full-time ☐ Part-time  Type of applicant: ☐ Early Action 1 (Fall 2021 Submission Deadline: November 15) ☐ Early Action 2 (Fall 2021 Submission Deadline: December 15) ☐ Regular Decision (Rolling Basis)	Semester of entry:	☐ Spring 2021 (classes star	t January 2021) 📮	Fall 2021 (classes s	start September 2021)
☐ Early Action 2 (Fall 2021 Submission Deadline: December 15) ☐ Regular Decision (Rolling Basis)	-		• /	•	- /
	Type of applicant:	☐ Early Action 2 (Fall 202	1 Submission De		*
Academic interest(s) and/or intended major:	Academic interest(s)	and/or intended major:			

Please refer to  ${\bf hofstra.edu/majors}$  for a list of program options. A selection is not binding.

# 2. ACADEMIC INTERESTS (CONTINUED)

#### **Dual-Degree Options - Health and Legal Programs**

Dual-degree programs may allow students to earn undergraduate and graduate degrees in less time than if each degree were pursued separately. Please refer to **hofstra.edu/dualdegree** for more information about these programs. Candidates must submit their completed applications and all supporting documents by February 15 for consideration for the fall semester (January 15 for Hofstra 4+4 program: BS-BA/MD).

	Please indicate your interest in one or more of our health and legal dual-degree programs. A selection is not binding.						
	<ul><li>□ Legal Education Accelerated Program (LEAP): BA/JD</li><li>□ Physician Assistant (PA) Studies Program: BS/MS</li></ul>						
	<ul> <li>□ Hofstra University 4+4 Combined Bachelor's and MD Program: BA/MD; BS/MD</li> <li>□ Speech-Language-Hearing Sciences: BA/MA</li> <li>□ Not interested in a health or legal dual-degree program</li> </ul>						
	Additional Dual-Degree Options						
	Please indicate your interest in one or more of our other dual-degree programs. A selection is not binding.						
	Dual-degree interest(s):						
	Special Enrollment Options						
	Please indicate your interest in any of the following options. Refer to hofstra.edu/options for information.						
	<ul> <li>□ Hofstra University Honors College (HUHC)</li> <li>□ New Opportunities at Hofstra (NOAH) (New York state residents only; closed for applicants after February 1)</li> <li>NOAH applicants are not eligible for Early Action consideration. Please update your application accordingly.</li> </ul>						
	☐ Program for Academic Learning Skills (PALS) (for students with documented learning disabilities; additional fees apply)						
	Pre-advising Options						
	The Center for University Advising provides preprofessional support for students contemplating graduate studies in either law or health-related professions. <i>Please indicate your interest in any of the following options.</i>						
	□ Pre-Chiropractic □ Pre-Dental						
	□ Pre-Law □ Pre-Medical						
	□ Pre-Nursing						
	□ Pre-Optometry						
	☐ Pre-Osteopathy ☐ Pre-Physical Therapy						
	☐ Pre-Physician Assistant						
	□ Pre-Podiatry						
	□ Pre-Veterinary						
3. EDUCATION INFORMATION	HIGH SCHOOL DATA						
	NAME OF HIGH SCHOOL CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY						
	CEEB CODE (If unknown, contact guidance office.) GRADUATION DATE /						
Please provide the following	MO/YR						
information about your guidance counselor. Once	COUNSELOR'S FIRST NAME COUNSELOR'S LAST NAME/SURNAME COUNSELOR'S EMAIL ADDRESS						
you submit your application,	What is your cumulative high school grade point average?						
an email will be sent alerting your counselor of the steps required to help complete	GPA Scale: ☐ 4-Point Scale ☐ 5-Point Scale ☐ 100-Point Scale ☐ Other						
requirea to netp complete your application.							

#### 3. EDUCATION INFORMATION (CONTINUED)

#### STANDARDIZED TESTS

**Submitting standardized test scores to Hofstra is optional.** This provides students with the ability to decide for themselves how to best present their academic strengths and abilities to the Admission Committee and allows each student to decide whether the standardized test results accurately reflect his or her academic ability and potential.

The mid-range of admitted students submitting SAT scores is 1120 to 1320 and the mid-range of admitted students submitting ACT scores is 25 to 32. If you choose to submit scores from the SAT or the ACT, official test scores must be sent directly from the testing service. Once the application form has been submitted, that choice cannot be changed or rescinded. Need help deciding? Visit **hofstra.edu/testingpolicy**.

#### Please select one of the options below:

☐ I would like m	ny SAT/ACT scores to my SAT/ACT scores	to be considered a							
If you select that	you do not want y	our SAT/ACT s	cores to be cons	sidered as part of	your appli	ication, ple	ase expla	ain your dec	cision here:
Please indicate if	you have taken or	· plan to take ar	ny of the followi	ng tests:					
SAT:	Please share the da	ites you have take	en or will take th	e SAT. □ <i>If you ar</i>	e unsure o	f when you	will be tal	king the SAT	, check here.
		•		SAT T		•		3	ŕ
	Please share the hi	ighest individual	SAT scores you	have earned so far,	even if tho	se scores ai	re from d	ifferent test	dates.
	SAT MATH SCORE	SAT 1	EVIDENCE-BASED RE	EADING AND WRITING S	CORE				
	SAT ESSAY SCORE – RE	ADING (optional)	SAT ES	SAY SCORE – WRITING (	optional)		SAT ESSAY S	SCORE – ANALY	SIS (optional)
ACT:	Please share the da	ates vou have tak	en or will take t	he ACT.   If you	are unsure	of when voi	u will he i	taking the AC	T. check here
	ACT TEST DATE #1	-				-		_	
				have earned so far,					
	ACT COMPOSITE SCOR	_	-						
	ACT SCIENCE SCORE _	A	CT WRITING SCORE						
		1							
TOEFL:	MONTH/YEAR SCO	ORE MONTH/YI	EAR SCORE		IELTS: _	/ MONTH/YEAR	SCORE	—  / MONTH/YI	EAR SCORE
	☐ If you are unsure			EFL, check here.				u will be taki	ng the IELTS, check here
CURRENT SENI Please list all courses y	you are taking this aca	RSES	Ü		ses from you	r most recent	academic ;	year.	
Course 1 Title Course 1 level, if app		rated  Advance	d Placement (AP)	☐ Dual Enrollment	☐ Honors	☐ Internation	onal Bacca	alaureate (IB)	☐ Regents
Course 2 Title									
Course 2 level, if app	olicable	rated	d Placement (AP)	☐ Dual Enrollment	☐ Honors	☐ Internation	onal Bacca	alaureate (IB)	☐ Regents
Course 3 Title			1 Dla sam ant (A D)	D. Devel Francillar and		D Intomoti	1 D	lauranta (ID)	D. D. conto
Course 3 level, if app		rated  Advance	d Placement (AP)	☐ Dual Enrollment	☐ Honors	□ Internatio	опат васса	naureate (1B)	Regents
Course 4 Title Course 4 level, if app		rated  Advance	d Placement (AP)	☐ Dual Enrollment	☐ Honors	☐ Internation	onal Bacca	alaureate (IB)	☐ Regents
Course 5 Title Course 5 level, if app	olicable	rated  Advance	d Placement (AP)	☐ Dual Enrollment	☐ Honors	☐ Internation	onal Bacca	alaureate (IB)	Regents
COLLEGE/U	JNIVERSITY	DATA							
Please list all col	lege/university co	ourses taken w	hile in high sch	nool/secondary s	chool.	DATES OF	ATTENII	MNCF	CREDITS HOURS
COLLEGE NAME	E CIT	Y, STATE, COU	NTRY	COURSE TITLE	;	MO/YR			COMPLETED
						/	_	/	
						/	_	/	
						/	-	/	
						,	_	,	

# 4. FAMILY INFORMATION

5. EXTRA-CURRICULAR ACTIVITIES AND COMMUNITY

**SERVICE** 

#### PARENT 1 OR LEGAL GUARDIAN

						IS PARENT 1 LIVIN	IG? ☐ YES ☐ NO
LAST NAME/SURNAME		-	FI	RST NAI	ME		
PARENT 1 RELATIONSHIP:   FATHER	R  MOTHER	OTHER _					
PERMANENT ADDRESS (IF SAME AS YO	OURS, WRITE "SAME."	)	CITY	S	TATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
OCCUPATION		EMPLOYER				EMAIL ADDRESS	
COLLEGE(S)/UNIVERSITY(IES) ATTENI	DED					HIGHEST DEGREE OF	BTAINED
( )	)		( )			( )	
HOME PHONE NUMBER	WORK PHONE NUMBER	₹	CELL PHO	NE NUN	IBER I	NTERNATIONAL PHONE I	NUMBER (if applicable)
PARENT 2 OR LEGAL GU	ARDIAN						
LAST NAME/SURNAME			FI	RST NAI	ME	IS PARENT 2 LIVIN	IG? ☐ YES ☐ NO
PARENT 2 RELATIONSHIP:	R  MOTHER	☐ OTHER _					
PERMANENT ADDRESS (IF SAME AS YO	OURS, WRITE "SAME."	)	CITY	S	TATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
OCCUPATION		EMPLOYER				EMAIL ADDRESS	
COLLEGE(S)/UNIVERSITY(IES) ATTENI	DED					HIGHEST DEGREE OF	BTAINED
( ) (	)		( )			( )	
HOME PHONE NUMBER	WORK PHONE NUMBER	3	CELL PHO	NE NUN	IBER I	NTERNATIONAL PHONE I	NUMBER (if applicable)
Are any immediate family member Name	ers graduates or, or		elationsh		ity: u ies u i	NO	
List school and community extra ACTIVITY		ies that have	RTICIPATIO			/ submit a separate s	
List any academic honors and	awards you have	received (	e.g., Nati	onal N	Merit Scholarshi	p, National Honor	Society).
Beginning with the most reco	ent, list work exp	eriences, in	_		ships. F EMPLOYMENT	(MO/YR-MO/YR) # HC	OURS PER WEEK
Please check any of the follow  Art Club  Business Club  Cause Club  Communication Club  Commuter Club	ving activities you Cultural Club Education Clu Engineering C Health Club	b	☐ Intr ☐ LG ☐ Me	amura BTQ+ dia Org	l Team	□ Political Club □ Religious Clu □ Science Club □ Social Studies	b
Please check any of the follow	ving interests you	may wish	to pursu	e at H	lofstra:		
☐ Center for Civic Engagement ☐ Cultural Events ☐ Fraternities and Sororities ☐ Internships	☐ Leadership Op☐ Mock Trial☐ Model UN☐ Music (Instrur		☐ Pre☐ RO	profess ΓC-Ar	vision I Athletics sional Programs my Debate	□ Spirit Support □ Study Abroad □ Working on C □ WRHU-88.7 Radio Hofstra	Campus FM,

#### 6. PERSONAL **STATEMENT**

7. ADDITIONAL **INFORMATION** 

In this final opportunity to share your thoughts with the admission committee, please select one of the following topics and prepare a personal statement of 250 to 500 words.

- Discuss an activity, event, or project you've been involved with over time within your community and how your efforts have made your community a better place to live.
- Great lessons can be learned from failure. Have you experienced a failure that has resulted in a lesson learned or created the foundation for future success? Reflect on that situation.
- Describe a meaningful accomplishment, event, or experience and how it has changed or affected the person you are.
- · What must the admission committee know about you? If your application would be incomplete without describing your background, identity, interest, or talent, please share your story.
- · Share an essay on any topic of your choice. It can be one you've already written, one that responds to a different prompt, or one of your own design.
- · COVID-19 Statement: Community disruptions such as COVID-19 and natural disasters can have deep and long-lasting impacts. If you need it, this space is yours to describe those impacts. Hofstra cares about the effects on your health and

well-being, safety, family circumstances, future plans, and education, including access to reliable technology and quiet study spaces. <b>Do you wish to share anything on this topic?</b> \[ \textstyle{\textstyle{1}}\] Yes \[ \textstyle{1}\] No Please use this space to describe how these events have impacted you.
Have you ever been adjudicated guilty or convicted of a misdemeanor or felony, or do you have any charges of a misdemeanor or felony pending against you?
(Note that you are not required to answer "Yes" to this question or provide an explanation if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.)  Yes \(\begin{align*} \text{No} & If "Yes," attach a detailed explanation. \end{align*}
Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution, or do you have any charges of disciplinary violations pending against you?  Yes No If "Yes," attach a detailed explanation.
If you are not currently in attendance at a high school, describe your activities since your last school attendance.
If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please use the space provided.
In 500 words or less, please share why you are currently applying to Hofstra. <i>Please attach as a separate document to the application</i> .
Do you plan to live on campus? ☐ Yes ☐ No ☐ Haven't Decided
Do you plan to apply for financial assistance?  \(\sim\) Yes \(\sim\) No  Hofstra encourages all students to file a FAFSA. We offer eligible students a need-based University Assistance Grant intended to help families make a high-quality private education at Hofstra more accessible. To be considered, a FAFSA must be completed.
Have you applied to Hofstra before? ☐ Yes ☐ No If "Yes," indicate semester and year:

#### 8. DECLARATION AND SIGNATURE

☐ I declare that the information in my application is complete, factually correct, and honestly presented. I grant the appropriate school official(s) permission to release my transcript(s) to Hofstra University.

I waive my right to review or access letters and statements of recommendation written on my behalf.  $\square$  Yes  $\square$  No

SIGNATURE DATE



Hofstra University Office of Undergraduate Admission 100 Hofstra University Hempstead, NY 11549-1000 516-463-6700 hofstra.edu

## Counselor Recommendation/High School Report

#### TO THE FIRST-YEAR STUDENT APPLICANT:

Please complete this section and return it to your high school guidance office.

APPLICANT INFORMATION:				
]	LAST NAME/SURNAME	FIRST NAME		MIDDLE NAME
PERMANENT ADDRESS				
		-		
CITY	STATE/PROVINCE	ZII	P/POSTAL CODE	COUNTRY
ELEPHONE				
HIGH SCHOOL NAME				
HIGH SCHOOL ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Applicant for:   Early Action	1 (Nov. 15 deadline)   Early	Action 2 (Dec. 15 deadlin	ne) 🛭 Regular Decision (I	Rolling Basis)
	•		, , ,	,
CONFIDENTIALITY STATEMING Family Educational Rights and		the right to review this doc	cument if you enroll at Hofst	ra University You may
vaive your right to access. Check t			zument ir you emon at moist	ra Oniversity. Tou may
I waive my right of access to this	s recommendation.	t waive my right of access	to this recommendation.	
APPLICANT'S SIGNATURE			DATE	
Please supply the following inform: the accompanying envelope. Thank  LAST NAME/SURNAME		FIRST NAME	TITL	
MOT IMME/SORIMINE		TIKST WIVE	IIIL	L
HIGH SCHOOL NAME			CEEB COD	E
HIGH SCHOOL ADDRESS	CITY	STATE/PROVINCI	E ZIP/POSTAL CO	DE COUNTRY
)	( )			
OFFICE TELEPHONE	OFFICE FAX		EMAIL ADDRESS	
How long have you known the app	licant?	In what capacity?		
A) Student's rank: Top 10%	hther % / Number / Class size	☐ Valedictorian	E) Please describe the studer as compared to other col	
B) Decile rank if exact rank is not av	ailable		your school.	
C) Cumulative GPA	☐ Weighted ☐ Unweighted			Average Less Than Challengin
D) Highest Test Scores:   SAT Evi	idence-Based Reading and Writing	Date Taken		Date Taken
□ SAT Wr	riting Date Taken	ACT	Date Taken	

Please write an evaluation of the candidate'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				
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Signature				Date			

Nondiscrimination Policy: Hofstra University is committed to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, gender identity or expression, age, national or ethnic origin, physical or mental disability, marital or veteran status (characteristics collectively referred to as "Protected Characteristic") 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 Officer is the University's official responsible for coordinating its overall adherence to Equal Opportunity Laws. Questions or concerns regarding any of these laws, other aspects of Hofstra's Nondiscrimination Policy, or regarding Title IX as trelates to reports against employees or their nonstudents, should be directed to the Equal Rights and Opportunity Officer, who also serves as the Title IX Officer for Employee Matters, at HumanResources@hofstra.edu, 516-463-6859, 205 Hofstra University, Hempstead, NY 11549. Student-related questions or concerns regarding Title IX as found be directed to the Title IX Officer for Student Issues at Student Title IX about 516-463-6841, 127 Wellness & Campus Living Center, Hempstead, NY 11549. Protection of the Civil Rights and Opportunity Laws. O

Campus Crime Reporting and Fire Safety Statistics: In compliance with the federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act and other federal law, detailed information on campus security and fire safety, including statistics, is available by accessing the Hofstra website at hofstra.edu/campussafetyreport or by contacting the Advisory Committee on Campus Safety. Crime statistics are also available at the U.S. Department of Education website at open.ed.gov/security. The Advisory Committee on Campus Safety will provide upon request all campus crime and fire safety statistics as reported to the U.S. Department of Education. For additional information or a paper copy of the report, please call the Department of Public Safety at 516-463-6606.

Department of House Sarcy as 300-00-0000.

Hofstra's prohibition against discrimination is also addressed in Hofstra's Harassment Policy. The Harassment Policy prohibits harassment – including sexual harassment and sexual violence – based on race, color, religion, sex, sexual orientation, gender identity or expression, age, national or ethnic origin, physical or mental disability, marital or veteran status. Hofstra University is committed to professional and interpersonal respect ensuring that no individuals are subjected to harassment or discriminated against in any way on the basis of any of these protected characteristics. Harassment based on any of these protected characteristics is a form of discrimination prohibited by law and by Hofstra University's Harassment Policy. The Harassment Policy, which is available online at the link referenced below, contains complaint procedures for resolving complaints of harassment in violation of Hofstra's Harassment Policy. Harassment Policy Haras