

To Apply for Undergraduate Admission as a Transfer Student

Undergraduate transfer applicants 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.

Hofstra University accepts transfer applications for the fall and spring semesters. Transfer candidates are considered on a rolling basis. While there is no deadline for applications, students are encouraged to apply on or before **March 1** for the fall semester and **November 15** for the spring semester so as to receive the fullest consideration. Once your application and all supporting credentials are received, the application is reviewed by our Admission Committee. We begin notifying transfer applicants of their admission decisions in mid-November for the spring and late February for the fall, and on a rolling basis thereafter.

Students who found it necessary to leave after completing coursework at Hofstra University may apply for readmission by filing this application.

CHECKLIST

To apply, please submit the following:

- A completed, signed, and dated *2020 Transfer 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 high school transcript(s) if less than 24 completed college credits appear on your transcript at the time of application.* *If you opt to submit SAT or ACT test scores, please contact the appropriate testing agency to have your scores sent to us.*
- A transcript from EACH high school and college attended.*
- Complete the Dean of Students Certification and Recommendation Form and submit it to the dean of students at each institution you have attended.

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 online at commonapp.org.

**Official transcripts are required from each high school and college attended prior to your intended semester of entry.*

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).*

LAST NAME/SURNAME* _____ FIRST NAME* _____ MIDDLE NAME* _____

PREFERRED FIRST NAME (if different from your legal name) _____ OTHER NAMES YOU HAVE USED ON TRANSCRIPTS OR TEST SCORES _____

PERMANENT ADDRESS LINE 1 _____

PERMANENT ADDRESS LINE 2 (IF APPLICABLE) _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

() _____ () _____ I give permission to Hofstra University to send me important updates via text messaging. (Standard messaging charges apply.)

HOME PHONE NUMBER _____ INTERNATIONAL PHONE NUMBER (if applicable) _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____ SEX: FEMALE** MALE**

DATE OF BIRTH _____

****Please indicate your sex. If your current legal sex differs from your sex assigned at birth, please feel free to report your legal sex. If you would like the opportunity, we invite you to share more about your gender identity via email to transferadmission@hofstra.edu.**

CITIZENSHIP STATUS U.S. Citizen or U.S. National U.S. Dual Citizen* U.S. Refugee or Asylee* U.S. Permanent Resident* Other*

U.S. Citizen or U.S. National U.S. Dual Citizen* U.S. Refugee or Asylee* U.S. Permanent Resident* Other*

Country of citizenship: _____ Country of birth: _____

Do you currently hold a valid U.S. passport? Yes No If "Yes," indicate your current visa type: _____

Date of entry into the United States: Yes No What college, university, or other institution issued your visa?: _____

Date of entry into the United States: you intend to apply for college, university, or other institution issued your visa? _____

If "No," indicate what type of visa you intend to apply for: _____

OPTIONAL INFORMATION

- Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes No
- Select one or more of the following races: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
- 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) _____

2. ACADEMIC INTERESTS AND INFORMATION

Semester of entry: Spring 2020 (classes start January 2020) Fall 2020 (classes start September 2020)

Do you plan to attend full-time or part-time? Full-time Part-time

Type of applicant: Transfer First-Year (student who is attending or has attended a college/university with fewer than 24 credits earned at the time of application) Transfer (student who is attending or has attended a college/university with 24 or more credits earned at the time of application)

Do you or will you have an associate degree prior to enrolling at Hofstra? Yes No

Are you applying for admission to a second bachelor's degree program? Yes No

Are you transferring from a two-year or four-year college/university? Two-Year Four-Year Re-admit (previously attended Hofstra and received grades)

How many credits do you expect to transfer to Hofstra? _____

Housing plans: Do you plan to live on campus? Yes No Haven't Decided

Are you planning to apply for financial assistance? Yes No
Hofstra encourages all students to file a FAFSA. Eligible students are offered funds to help families make a high-quality private education at Hofstra more accessible. To be considered, a FAFSA must be completed.

Have you previously applied to Hofstra? Yes No If "Yes," indicate semester and year: _____

Academic interest(s) and/or intended major _____

Refer to hofstra.edu/majors for a list of program options. This selection is not binding.

Special Enrollment Options

- Please indicate your interest in either of the following options. Refer to hofstra.edu/options for information.
- Hofstra University Honors College (HUHC)
 - 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. Please indicate if you are interested in any of the following options: 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 ____/____/____
MO/YR

If you have earned fewer than 24 credits, please submit your high school transcript and provide us with the following information.

What was your cumulative high school grade point average? _____ GPA Scale _____
 4-Point Scale 5-Point Scale 100-Point Scale Other
 What was your class rank? _____
 Graduating Class Size _____
 If you earned a GED, when? _____ If you earned a GED, what was your standard score? _____

TEST SCORES

Submitting standardized test scores to Hofstra is optional. If you choose to submit scores from the SAT or ACT, official test scores must be sent directly from the testing service.

Please select one of the options below:
 I would like my SAT/ACT scores to be considered as part of my application.
 I do not want my SAT/ACT scores to be considered as part of my application.

Please indicate if you have taken or plan to take any of the following tests:

SAT: Please share the dates you have taken or will take the SAT.

SAT TEST DATE #1 _____ SAT TEST DATE #2 _____ SAT TEST DATE #3 _____

Please share the highest individual SAT scores you have earned so far, even if those scores are from different test dates.

SAT MATH SCORE _____ SAT EVIDENCE-BASED READING AND WRITING SCORE _____ SAT ESSAY SCORE – READING (optional) _____
 SAT ESSAY SCORE – ANALYSIS (optional) _____ SAT ESSAY SCORE – WRITING (optional) _____

ACT: Please share the dates you have taken or will take the ACT.

ACT TEST DATE #1 _____ ACT TEST DATE #2 _____ ACT TEST DATE #3 _____

Please share the highest individual ACT scores you have earned so far, even if those scores are from different test dates.

ACT COMPOSITE SCORE _____ ACT ENGLISH SCORE _____ ACT MATH SCORE _____ ACT READING SCORE _____
 ACT SCIENCE SCORE _____ ACT WRITING SCORE _____

ADVANCED PLACEMENT:

_____/_____ MONTH/YEAR	_____ SUBJECT	_____ SCORE		_____/_____ MONTH/YEAR	_____ SUBJECT	_____ SCORE		_____/_____ MONTH/YEAR	_____ SUBJECT	_____ SCORE
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IB:

_____/_____ MONTH/YEAR	_____ SUBJECT	_____ SCORE		_____/_____ MONTH/YEAR	_____ SUBJECT	_____ SCORE		_____/_____ MONTH/YEAR	_____ SUBJECT	_____ SCORE
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TOEFL:

_____/_____ MONTH/YEAR	_____ SCORE		_____/_____ MONTH/YEAR	_____ SCORE
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IELTS:

_____/_____ MONTH/YEAR	_____ SCORE		_____/_____ MONTH/YEAR	_____ SCORE
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COLLEGE/UNIVERSITY DATA

If you have attended more than one college or university, please list them in order, starting with the most recently attended.

COLLEGE NAME	CITY, STATE, COUNTRY	DATES OF ATTENDANCE MO/YR TO MO/YR	# OF CREDITS COMPLETED/IN PROGRESS	DEGREE EARNED	DATE DEGREE WAS AWARDED	GPA
_____	_____	____/____ to ____/____	____/____	_____	____/____	_____
_____	_____	____/____ to ____/____	____/____	_____	____/____	_____
_____	_____	____/____ to ____/____	____/____	_____	____/____	_____
_____	_____	____/____ to ____/____	____/____	_____	____/____	_____

Current College/University Courses

Please list all courses you are taking this academic year. If you are not currently enrolled, please list courses from your most recent academic year.

COURSE 1 TITLE _____	COURSE 1 CREDITS _____	COURSE 4 TITLE _____	COURSE 4 CREDITS _____
COURSE 2 TITLE _____	COURSE 2 CREDITS _____	COURSE 5 TITLE _____	COURSE 5 CREDITS _____
COURSE 3 TITLE _____	COURSE 3 CREDITS _____	COURSE 6 TITLE _____	COURSE 6 CREDITS _____

4. FAMILY INFORMATION

PARENT 1 OR LEGAL GUARDIAN

IS PARENT 1 STILL LIVING? YES NO

LAST NAME/SURNAME _____ FIRST _____

PARENT 1 RELATIONSHIP: FATHER MOTHER OTHER _____

PERMANENT ADDRESS (IF SAME AS YOURS, WRITE "SAME.") _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

OCCUPATION _____ EMPLOYER _____ EMAIL ADDRESS _____

() _____ () _____ () _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____

COLLEGE(S)/UNIVERSITY(IES) ATTENDED _____ HIGHEST LEVEL OF EDUCATION ATTAINED _____

PARENT 2 OR LEGAL GUARDIAN

IS PARENT 2 STILL LIVING? YES NO

LAST NAME/SURNAME _____ FIRST _____

PARENT 2 RELATIONSHIP: FATHER MOTHER OTHER _____

PERMANENT ADDRESS (IF SAME AS YOURS, WRITE "SAME.") _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

OCCUPATION _____ EMPLOYER _____ EMAIL ADDRESS _____

() _____ () _____ () _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____

COLLEGE(S)/UNIVERSITY(IES) ATTENDED _____ HIGHEST LEVEL OF EDUCATION ATTAINED _____

Parents' marital status (relative to each other): Never married Married Widowed Separated Divorced
 Civil union/domestic partnership

To whom should we send communications? Parents jointly Father Mother Legal Guardian Other _____

With whom do you make your permanent home? Both parents Father Mother Ward of court/state Other _____
 Legal Guardian Self

Are any immediate family members graduates of or students at Hofstra University? Yes No

Name _____	Relationship _____
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Are you a Hofstra University employee or the legal dependent of a Hofstra University employee? Yes No

If "Yes," please provide the employee's Hofstra University identification number: _____

5. EXTRACURRICULAR ACTIVITIES, HONORS, AWARDS and EMPLOYMENT

List school and community extracurricular activities that have been important to you. You may submit a separate sheet of paper.

ACTIVITY	# OF HOURS PER WEEK	OFFICE(S) HELD OR HONOR(S) EARNED

List any academic honors and awards you have received (e.g., National Merit Scholarship, National Honor Society).

Beginning with the most recent, list work experiences, including internships.

POSITION	EMPLOYER	DATES OF EMPLOYMENT (MO/YR TO MO/YR)	# OF HOURS PER WEEK

Please check any of the following activities you may wish to participate in at Hofstra:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Art Club | <input type="checkbox"/> Cultural Club | <input type="checkbox"/> Intramural Team | <input type="checkbox"/> Political Club |
| <input type="checkbox"/> Business Club | <input type="checkbox"/> Education Club | <input type="checkbox"/> LGBTQ+ Club | <input type="checkbox"/> Religious Club |
| <input type="checkbox"/> Cause Club | <input type="checkbox"/> Engineering Club | <input type="checkbox"/> Media Organization | <input type="checkbox"/> Science Club |
| <input type="checkbox"/> Communication Club | <input type="checkbox"/> Health Club | <input type="checkbox"/> Performance Club | <input type="checkbox"/> Social Studies Club |
| <input type="checkbox"/> Commuter Club | | | |

Please check any of the following interests you may wish to pursue at Hofstra:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Center for Civic Engagement | <input type="checkbox"/> Leadership Opportunities | <input type="checkbox"/> NCAA Division I Athletics | <input type="checkbox"/> Spirit Support |
| <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Mock Trial | <input type="checkbox"/> Preprofessional Programs | <input type="checkbox"/> Study Abroad |
| <input type="checkbox"/> Fraternities and Sororities | <input type="checkbox"/> Model UN | <input type="checkbox"/> ROTC-Army | <input type="checkbox"/> Working on Campus |
| <input type="checkbox"/> Internships | <input type="checkbox"/> Music (Instrument/Vocal) | <input type="checkbox"/> Speech & Debate | <input type="checkbox"/> WRHU-88.7 FM,
Radio Hofstra University |

6. ADDITIONAL INFORMATION

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 No

If “Yes,” attach a detailed explanation.

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 college/university, 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 University.

Please attach a separate document to the application.

7. 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.

Yes No

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. For more information, visit hofstra.edu/eoe.

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/campusafetyreport or by contacting the Advisory Committee on Campus Safety. Crime statistics are also available at the U.S. Department of Education website at ope.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.

Hofstra University Harassment Policy: 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 link: hofstra.edu/harassment

DEAN OF STUDENTS CERTIFICATION AND RECOMMENDATION FORM

TO THE TRANSFER APPLICANT:

Please complete this section and submit this form to the dean of students at each institution you have attended. Your signature authorizes the release of information regarding your disciplinary record. Failure to submit this form will prohibit review of your application. If you have been involved in any disciplinary action at a previous institution, we strongly encourage you to submit a detailed statement explaining the incident. The completed form must be sent directly to the address listed above or emailed to applicationupdate@hofstra.edu.

Applicant Information

LAST NAME/SURNAME			FIRST NAME	MIDDLE NAME
PERMANENT MAILING ADDRESS LINE 1				
PERMANENT MAILING ADDRESS LINE 2 (IF APPLICABLE)				
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
()	()			
HOME PHONE NUMBER	CELL PHONE NUMBER	INTERNATIONAL PHONE NUMBER (IF APPLICABLE)		
APPLICANT SIGNATURE (TO AUTHORIZE RELEASE OF STUDENT DISCIPLINARY RECORDS)				DATE

TO THE EVALUATOR:

This form is to be completed only by a campus official who has access to and is authorized to release information on disciplinary records. This is not an academic recommendation. Please complete the following information regarding the above-named student, who is applying for transfer admission to Hofstra University. You may use a separate sheet of paper or the reverse side of this form for additional comments.

- DO YOU HAVE ACCESS TO STUDENT DISCIPLINARY RECORDS? Yes No
- HAS THE APPLICANT BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION FOR CONDUCT AT YOUR INSTITUTION EITHER ON CAMPUS OR OFF CAMPUS? (If "Yes," please explain briefly on the reverse side or a separate sheet of paper.) Yes No
- IS THE APPLICANT ELIGIBLE TO RETURN TO YOUR INSTITUTION? Yes No
- HAS THE APPLICANT BEEN SUSPENDED, DISMISSED, EXPELLED, OR FORCED TO WITHDRAW FROM YOUR INSTITUTION FOR DISCIPLINARY REASONS? Yes No
- HOW LONG HAS THE APPLICANT ATTENDED YOUR INSTITUTION? _____
- TO THE BEST OF YOUR KNOWLEDGE, ARE THERE ANY FACTORS THAT WOULD INTERFERE WITH THIS APPLICANT'S ABILITY TO MAKE TYPICAL PROGRESS TOWARD EARNING A DEGREE? (If "Yes," please explain briefly on the reverse side or a separate sheet of paper.) Yes No

Signature	Date
Name (Please print.)	Title/Position
School	Telephone
Email	

