

Visiting Undergraduate Student Application

Counselor Signature

If accepted as a visiting	g student, this form will be sent to	the Registrar's O	ffice. Cours	e listing	g is available at	bulletin.hofstra.edi	u.	
HOFSTRA UNIVERSITY REGISTRATION/ADD/DROP FORM SEMESTER								
Student's Last Name	First Name	First Name Hofstra ID# _						
_	Please print.			Please print.			(if appli	cable)
	Level: UG – Visiting Student	☐ Visiting H	igh School	Student	☐ Visiting	g College Student		
COURSE(S) I WISH TO ADD								
CRN	CRN DEPARTMENT COURSE SECTION DAYS HOURS						# CREI	DITS
						TOTAL CREDITS		
		COLIDCE(C)	VAUCLLT	0.00	OD			
COURSE(S) I WISH TO DROP								
CRN	DEPARTMENT	COURSE	SECTION	ON	DAYS	HOURS	# CRE	DIIS
						TOTAL CREDITS		
						TOTAL CREDITS		
Dy signing holow I u	ndorstand and agree to all of t	the following:						
By signing below, I understand and agree to all of the following: 1) That high school students or students from other colleges attending classes at Hofstra University are considered visiting students and are responsible for University tuition, fees, and other applicable charges in effect at Hofstra for the session or semester of attendance. Payment for this registration is my responsibility, and, if payment is not received or deferred by the due date, I will be assessed late fees that are my responsibility. [Tuition and fee rates are available at hofstra.edu/tuition and tuition due dates at hofstra.edu/academiccalendar. Please note there is no financial aid available from Hofstra University for visiting undergraduate students. However, financial aid from your home institution may transfer to Hofstra University. You should consult with your home institution's financial aid office.]								
2) That I am responsible for formally dropping or withdrawing from classes and that I will be held responsible in accordance with all University policies for tuition and fees as stated in the current online University <i>Undergraduate Bulletin</i> for my program of study, regardless of my class attendance.								
with the collection	the full amount of my tuition, fees of such unpaid amounts, includin um of 45% of the total balance du	ng the fees of any	collection	s agency				
If a visiting student is under 18 years of age, a parent or guardian must sign below. Parent/guardian signature indicates that the parent/guardian understands and agrees to the above and takes responsibility for payment of all amounts due as stated above.								
Student Signature		Date		Parent/	Parent/Guardian Signature(if student is under 18) Date			Date
				OFFICE USE ONLY				