

Course Registration Form

STUDENT INFORMATION (please print)

Last Name: _____ First Name: _____

Student ID Number: _____ Expected Graduation Date: _____

Phone Number: _____ E-mail Address: _____

COURSE INFORMATION (please print)

Semester: _____

CRN	SECTION	COURSE TITLE	CREDITS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Credits: _____

By signing below, I understand and agree to all of the following:

- 1) that payment for this registration is my responsibility and that if payment is not received or deferred by the due date I will be assessed late fees which are my responsibility to pay;
- 2) that dropping or withdrawing from courses may result in loss of financial aid for current and future terms, and that it will be my responsibility to reimburse Hofstra for any portion of a refund I receive based on financial aid funds for which I later lose eligibility due to nonattendance, dropping or withdrawing from classes;
- 3) 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 University Bulletin for my program of study, regardless of my class attendance; and
- 4) that if I do not pay the full amount of my tuition, fees, or other amounts owed to Hofstra, I will be responsible for all costs and expenses associated with the collection of such unpaid amounts, including the fees of any collections agency, which may be based on a percentage of the total balance due (up to a maximum of 45% of the total balance due) and reasonable attorney's fees.

Student Signature: _____ Date: _____

OFFICE OF ACADEMIC RECORDS USE ONLY:

Date Form Received: _____ OAR Staff: _____

Date Form Processed: _____ OAR Staff: _____