

Office Of Academic Records 126 Hofstra University 207 Memorial Hall Hempstead, NY 11549

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Visiting Student Credit Authorization Form

Last Name:	First Name:	S	tudent ID Number:	
Expected Graduation Date:	Phone Number:	E-mail Address:		
Student Signature:		Date:		
I request permission to receive academ following law school:	ic credit at Maurice A. De	eane School of Law Scho	ool for courses that I will take at the	
Name of Law School:				
I plan to take the courses from mo	to nth/year	in month/year	location	
Course Name		mester Credits		
Why do you want to take these courses?				
alleviate severe financial, medical, or other sprogram sponsored by another law school. Sany event, credit will be awarded only for coor its equivalent, or the minimum average recourses taken at other law schools or at othe By signing below, I understand that I will be graded by letter or number, and not Pass/Fair required for graduation by the school at which	or extreme illness in the stud stress, and similar situations. Such requests will generally be purses that are graded by lette equired for graduation by the r schools of Hofstra Universic e awarded academic credit at al, and for courses that in which the courses are taken, which script and will not affect my coring school is running an AI	ent's immediate family that (This policy does not apply e approved, provided the proper or number, and not Pass/F school at which the courses ty will not be counted in the Maurice A. Deane School och I receive a letter grade och ever is higher. I further ur cumulative grade point aver BA accredited program and	necessitates a move to another city in order to to requests to attend a summer study abroad ogram in question is approved by the ABA.) In ail, and the student receives a letter grade of C, are taken, whichever is higher. Grades earned in computation of a student's gradepoint average. If Law only for courses where all students are of C, or its equivalent, or the minimum average derstand that the grade from the school where I age at the Law School. I also understand that it forwards my final transcript to Hofstra Law.	
Please attach a description of each course to	this sheet and return to the C	Office of the Associate Dean	for Academic Affairs, Suite 244.	
	DO NOT WRITE	BELOW THIS LINE		
REQUEST A	PPROVED	REQUEST	NOT APPROVED	
REQUEST A	PPROVED WITH THESE	MODIFICATIONS		
Date Associate Dean	for Academic Affairs Signa	ture		