HOFSTRA UNIVERSITY
School of Law
121 Hofstra University
Hempstead, NY 11549

Office of Academic Records

Concentration Completion Form

For Assistance: 516.463.5917 Monday – Friday, 9 a.m. to 5 p.m.
Fax: 516.463.6251
Room 114
E-mail: lawoar@hofstra.edu

***Directions*:** Return form to the Office of Academic Records by the last day of class of the graduation semester. The concentration certificate will be issued after all requirements have been completed and the concentration advisor has signed this form. The certificate will be mailed to the address on your diploma application form after graduation.

STUDENT INFORMATION - Print clearly

Name: _____ _____
First *Last*

700#: _____ Graduation Date: _____

Phone Number: _____ E-mail: _____

Expected graduation date: ☐ May ☐ December 20____

CONCENTRATION COMPLETION - Print clearly

Concentration Area _____

Concentration Advisor (please print) _____

Enter the courses completed for the above concentration. (Note: Minimum of 5 courses totaling a minimum of 12 credits.)

Course	Credits
TOTAL	

FOR CONCENTRATION ADVISOR ONLY:

☐ Satisfaction of Writing Requirement (Please indicate course)_____

☐ Satisfaction of Skills Requirement, *if applicable* (Please indicate course)_____

I agree that the above student has successfully completed the concentration requirements as stated above:

_____ _____
Advisor Signature *Date*