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

Office of Academic Records

Concentration Registration 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.**

STUDENT INFORMATION - Print clearly

Name: _____ _____
First *Last*

700#: _____

Phone Number: _____ E-mail:_____

Expected graduation date: ☐ May ☐ August ☐ December 20_____

CONCENTRATION OPTION REGISTRATION - Print clearly

A. I wish to register for a Concentration in the following area: _____

B. There is a clinical or skills requirement for this area (check one): ☐ YES ☐ NO

C. My Concentration advisor is: _____

D. My proposed sequence of courses is as follows (subject to change):

_____
_____
_____
_____
_____

E. I propose to satisfy the Legal Writing requirement in the following course:

_____

F. Student's statement of intent: I intend to complete a Concentration in the above area. I understand that it is my responsibility to monitor my compliance with the Concentration requirements, including the Legal Writing requirement and the clinical/skills requirement (*if applicable*). I agree to notify the Office of Academic Records if I decide to discontinue the Concentration. I understand that in order to receive formal recognition of the Concentration, I must submit a Notice of Concentration Completion Form to the Office of Academic Records prior to graduation.

_____ _____
Student's Signature Date

G. Concentration advisor's certification: I have met with _____ (*student's name*) to discuss his/her decision to enroll in the selected Concentration, and to develop an individual Concentration plan.

_____ _____
Advisor's Signature Date