



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

Office of Academic Records
Course Change and/or Withdrawal 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: Complete the form below.

STUDENT INFORMATION - Print clearly							
Name: _____				_____			
<i>First</i>				<i>Last</i>			
Phone Number: _____				700#: _____			
Cell Number: _____							
E-mail: _____				<i>Check the appropriate boxes:</i>			
Student Signature: _____				<input type="checkbox"/> J.D. <input type="checkbox"/> J.D./M.B.A. <input type="checkbox"/> LL.M. <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> 1L <input type="checkbox"/> 2L <input type="checkbox"/> 3L <input type="checkbox"/> 4L			
COURSE INFORMATION - Print clearly							
SEMESTER (<i>Check one</i>): <input type="checkbox"/> Fall <input type="checkbox"/> Intersession <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Summer III ACADEMIC YEAR: 20_____							
Courses to DROP:				Courses to ADD:			
CRN	COURSE TITLE	SECTION	CREDITS	CRN	COURSE TITLE	SECTION	CREDITS
OFFICE USE ONLY				REVISED TOTAL CREDITS:			
DATE RECEIVED: _____				_____ F/T: May not be below 12 in Fall or Spring P/T: May not be below 9 in Fall or Spring			
DATE PROCESSED: _____							
<i>OAR Staff</i>							
<i>OAR Staff</i>							



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