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

Office of Academic Records

Course Registration Form

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

Directions: **Complete the form below.**

STUDENT INFORMATION - Print clearly

Name: _____ _____
First *Last*

Phone Number: _____ 700#: _____

Cell Number: _____

E-mail: _____

Student Signature: _____

Check the appropriate boxes:

☐ J.D. ☐ J.D./M.B.A. ☐ LL.M.
☐ F/T ☐ P/T
☐ 2L ☐ 3L ☐ 4L

COURSE INFORMATION - Print clearly

SEMESTER (*Check one*): ☐ Fall ☐ Intersession ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III ACADEMIC YEAR: 20_____

CRN	COURSE TITLE	SECTION	CREDITS	OFFICE USE ONLY

ADVISOR APPROVAL – To be signed by academic advisor (LL.M. only)

_____ _____
Advisor Signature *Date*

OFFICE USE ONLY

DATE RECEIVED: _____ _____
OAR Staff

DATE PROCESSED: _____ _____
OAR Staff

TOTAL CREDITS: _____

F/T: May not be below 12 in Fall or Spring
P/T: May not be below 9 in Fall or Spring