Office of Academic Records
Independent Study Form

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

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: Please complete the information below and return to the Office of Academic Records, Rm 114. Independent Study must be under the direction of a full-time faculty member. For additional information, see course description in the current Law School Catalog.

STUDENT INFORMATION

Name: _____ _____ _____
First *Middle* *Last*

Student ID (700 #): 700 - _____

Full-Time: ☐ 3L ☐ 2L

Part-Time: ☐ 4L ☐ 3L ☐ 2L

CONTACT INFORMATION

Home Phone #: _____ Work Phone #: _____

E-mail address: _____

HOME ADDRESS

Street address: _____ State: _____ Zip Code: _____

_____

COURSE INFORMATION

Semester: ☐ Fall ☐ Spring ☐ Summer

Credits: _____

FOR OFFICE USE ONLY:

Course #: _____ Total Credits: _____
Section: _____
CRN #: _____

Writing Requirement satisfied? ☐ Writing Requirement I ☐ Writing Requirement II

Topic: _____

Professor Signature: _____