



# Hofstra Law School

Office of Enrollment Management • 121 Hofstra University • Hempstead, NY 11549-1210  
 Phone: (516) 463-5916 • Fax: (516) 463-6264 • lawadmissions@hofstra.edu • law.hofstra.edu

## NONMATRICULANT APPLICATION

10. The Law School reports annually to the American Bar Association and U.S. Department of Education on the ethnic composition of its student body. Please answer the following questions to assist us with our reporting.

a. I identify as a person of Hispanic or Latino/a culture or origin.  Yes  No

If "Yes," please check the most appropriate box.

- Cuban  Other Spanish/Hispanic/Latino  Puerto Rican  
 Mexican American/Chicano Specify: \_\_\_\_\_

b. Please select one or more of the following:

- American Indian or Alaska Native Specify name of enrolled or principal tribe: \_\_\_\_\_  
 Chinese  Filipino  Other Asian Specify: \_\_\_\_\_  
 Asian Indian  Guamanian or Chamorro  Other Pacific Islander Specify: \_\_\_\_\_  
 Black/African American  Japanese  Samoan  
 Caucasian/White  Korean  Native Hawaiian  Vietnamese

11. List the name and address of the Law School and representative to whom a final transcript should be mailed:

LAW SCHOOL _____				REPRESENTATIVE'S NAME _____
ADDRESS 1 _____				REPRESENTATIVE'S TITLE _____
ADDRESS 2 _____				TELEPHONE (Include Area Code) _____
CITY _____	STATE/PROVINCE _____	ZIP _____	COUNTRY (If other than U.S.) _____	EMAIL ADDRESS _____

12. List the courses you would like to register for:

CRN	Course Title	Section	Credits	Office Use Only

*I certify that the information given on all pages of this application and in all attached materials is accurate and complete. I understand that omission or misrepresentation may be the basis for denial of admission, rescinding of an offer of admission or, if admitted, dismissal from the Law School. I shall promptly inform the Office of Enrollment Management if there is any change in any of the facts given within 30 days of the status change.*

Signature \_\_\_\_\_ Date \_\_\_\_\_