

Office of Student Affairs Room 204 121 Hofstra University Hempstead NY 11549 T: 516-463-5771 F: 516-463-4710 lawstudentaffairs@hofstra.edu

TRANSFER BETWEEN DIVISIONS FORM

Directions:

Please complete the information below and attach a one-page Personal Statement to this application explaining why you want to transfer between divisions. Please include a description of any work, family and other responsibilities you will be balancing along with your law school studies. Return the application to the Office of Student Affairs (Suite 204).

Deadlines for Application:

- > October 15th (or the last business day prior to this date) for the upcoming Spring semester
- > March 15th (or the last business day prior to this date) for the upcoming Fall semester

You may apply to transfer to another division during or after your second full semester at the Law School. Your ability to transfer is dependent upon the Administration's evaluation of many interrelated factors, including your academic performance, the number of residency units you have earned, and the responsibilities you are balancing along with your law school studies. Please note that a student may transfer between divisions only once.

STUDENT INFORMATION			

Name:	First	<u>M.I.</u>			
Student ID (700#):	Please check:				
	🗆 U.S. Citizen / Permanent U.S. Re	sident			
CONTACT INFORMATION					
Home Phone # :	Work Phone #:				
E-mail Address:					
HOME ADDRESS					
Street Address:		State:			
		Zip Code:			
TRANSFER INFORMATION					
I am applying to transfer for:	 From Part-time Day to Full-time Day From Full-time Day to Part-time Day 				

Please answer the following questions:

	f you are currently employed, state name of employer, nature coer week.	of business, dates of employment, and number of hours worked
> I v	f you will be employed during the next semester, state name of vorked per week.	employer, nature of business, and number of hours to be
Please rea	d and sign:	
any week attain the	during that semester. Transfers between divisions may also aff residency requirements required for graduation, and immigrat	
to satisfy t and that I	the Law School's residency requirements. I acknowledge that I am responsible for monitoring my compliance with these and permission to transfer divisions, I propose to satisfy the reside	have read and understand the Law School's residency rules all other graduation requirements.
	Signature	Date
FOR OFI	FICE USE ONLY	
	□ Transcript attached	□ Rank
Office of	Student Affairs Final Decision and Comments (<i>if applicable</i>):	
Senior L	Director of Student Affairs	Date
OAR Ap	proved Signature	Date