

Independent Study Form

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

STUDENT INFORMATION (please print)

Last Name: _____ First Name: _____

Student ID Number: _____ Expected Graduation Date: _____

Phone Number: _____ E-mail Address: _____

By signing below, I understand and agree to all of the following:

- 1) that payment for this registration is my responsibility and that if payment is not received or deferred by the due date I will be assessed late fees which are my responsibility to pay;
- 2) that dropping or withdrawing from courses may result in loss of financial aid for current and future terms, and that it will be my responsibility to reimburse Hofstra for any portion of a refund I receive based on financial aid funds for which I later lose eligibility due to nonattendance, dropping or withdrawing from classes;
- 3) that I am responsible for formally dropping or withdrawing from classes and that I will be held responsible in accordance with all University policies for tuition and fees as stated in the current University Bulletin for my program of study, regardless of my class attendance; and
- 4) that if I do not pay the full amount of my tuition, fees, or other amounts owed to Hofstra, I will be responsible for all costs and expenses associated with the collection of such unpaid amounts, including the fees of any collections agency, which may be based on a percentage of the total balance due (up to a maximum of 45% of the total balance due) and reasonable attorney's fees.

Student Signature: _____ Date: _____

PAPER INFORMATION (please print)

Paper Topic: _____

Professor Name: _____

Semester: _____ Number of credits: _____

Will this Independent Study satisfy a writing requirement? _____

If yes, which Writing Requirement? _____

(Please note that if the Writing Requirement question is not answered by the professor, we will assume that the paper is not being done to satisfy a writing requirement.)

Professor Signature: _____ Date: _____

OFFICE OF ACADEMIC RECORDS USE ONLY:

CRN: _____

Processed by OAR Staff: _____

Section: _____

Date: _____