Independent Study Form

Directions: Please complete the information below and return to the Office of Academic Records and Registrar. 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: __________