Hofstra Law School

Office of Enrollment Management • Joan Axinn Hall • 108 Hofstra University • Hempstead, NY 11549-1080 Phone: (516) 463-5916 • Fax: (516) 463-6264 • lawadmissions@hofstra.edu • law.hofstra.edu

NONMATRICULANT APPLICATION

IECK	LIST FOR A COMPLETE VISITING WINTER/SUMMER SESSION STUDENT APPLICA	MION
	Application Dean's Letter of Good Standing (this letter should approve the transfer of credits from degree at the law school of the applicant's matriculation)	m Hofstra Law School toward the J.D
PPLIC	CATION	
1.	Application for: Visiting candidate from an ABA-approved law school (winter or summer session complete the JD Transfer and Visiting application form)	only; all third-year visitors must
2.	Year: 20	
3.	Semester: ☐ Winter ☐ Summer	
4.	Name:	PRIOR NAME
	Preferred First Name:	
5.	Social Security Number (U.S. Citizens and Permanent Residents):	
6.	Mailing Address: Valid thru (MM/DD/YYYY)/	
	ADDRESS 1	TELEPHONE NUMBER (Include Area Code)
	ADDRESS 2	CELLULAR TELEPHONE (Include Area Code)
	ADDRESS 3	INTERNATIONAL NUMBER (Include Country Code)
	CITY STATE/PROVINCE ZIP COUNTRY (If other than U.S.)	EMAIL ADDRESS
7.	Gender: ☐ M ☐ F	
8.	Date of Birth://	
9.	Citizenship: U.S. Citizen Permanent Resident Res	DATE CITIZENSHIP
	☐ International Applicant (Non-U.S. Citizen)	DAIL CHIZENSHIP

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		e American Bar Association and U e answer the following questions	J.S. Department of Education on the ethnic to assist us with our reporting.
a. Lidenti	fy as a person of Hispanic or La	atino/a culture or origin.	☐ No
🗖 Cub	" please check the most appro an ican American/Chicano	priate box. Other Spanish/Hispanic/Latin Specify:	
b. Please :	select one or more of the follow	wing:	
Ala Spe prii Asi Bla	nerican Indian or uska Native ecify name of enrolled or ncipal tribe: an Indian ck/African American ucasian/White	 □ Chinese □ Filipino □ Guamanian or Chamorro □ Japanese □ Korean □ Native Hawaiian 	 □ Other Asian Specify:
	name and address of the Law	School and representative to who	om a final transcript should be mailed:
LAW SCHOOL	name and address of the Law	School and representative to who	REPRESENTATIVE'S NAME
LAW SCHOOL ADDRESS 1	name and address of the Law	School and representative to who	REPRESENTATIVE'S NAME REPRESENTATIVE'S TITLE
11. List the LAW SCHOOL ADDRESS 1 ADDRESS 2	name and address of the Law	School and representative to who	REPRESENTATIVE'S NAME
ADDRESS 1 ADDRESS 2 CITY	name and address of the Law STATE/PROVID courses you would like to regin	NCE ZIP COUNTRY (If other t	REPRESENTATIVE'S NAME REPRESENTATIVE'S TITLE TELEPHONE (Include Area Code)
ADDRESS 1 ADDRESS 2 CITY	STATE/PROVI	NCE ZIP COUNTRY (If other t	REPRESENTATIVE'S NAME REPRESENTATIVE'S TITLE TELEPHONE (Include Area Code) Than U.S.) EMAIL ADDRESS

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