# UNIVERSITY.

Hofstra University Office of Undergraduate Admission 100 Hofstra University Hempstead, NY 11549-1000 516-463-6700 hofstra.edu

## To Apply for Undergraduate Admission as a First-Year Student

First-year undergraduate candidates to Hofstra University may apply by using this paper application or by using our online application at hofstra.edu/applyPlease be advised that all materials and documents submitted as part of an application become the property of Hofstra University and cannot be returned to the applicant.

A first-year undergraduate applicant is a current high school senior, a high school graduate with no postsecondary coursework, o high school equivalency applying for matriculated (degree-seeking) status at Hofstra University. First-year candidates may apply as Regular Decision.

Early Action is a nonbinding early application and notification process for fall semester first-year students only. Students accepted are not required to withdraw other college applications, but are required to notify Hofstra University of their intentions by May 1 rounds of Early Action as indicated in the chart below.

Regular Decision candidates are considered on a rolling basis. While there is no deadline for regular decision applications, student encouraged to apply early so as to receive the fullest consideration. Once your application and all supporting documents are receive application is reviewed by our admission committee.

| Application Type | Submission  | Decision Notification Begins            |
|------------------|-------------|---|
| Early Action 1   | November 15 | December 15                             |
| Early Action 2   | December 15 | January 15                              |
| Regular Decision | Rolling     | February 1 and rolling basis thereafter |

### CHECKLIST

To apply, please submit the following:

- T A completed, signed and dated 2021 First-Year Student Application for Undergraduate Admission.
- T A nonrefundable \$70 application fee in the form of a check or money order payable to Hofstra University. Include your name of If the application fee preseintancial hardship, please ask your college advisor to contact Hofstra's Office officient officient a possible waiver.
- T Official transcript(s) from your high school.
- T Recommendation from your high school guidance counselor and a teacher. Both are preferred; one (either) is required.
- T Complete theounselor Recommendation/High School Report and submit it to your guidance office.
- T Official SAT or ACT scores (if applicable). If more than one set of scores is reported, Hofstra University will use the highest co Test scores should be sent directly from ETS or ACT. The Hofstra University codes to report scores are 2295 for the SAT and 2 for the ACT.
- T A completed personal statement is strongly recommended and may be required upon review of your application. Please include name on each page.
- T Applicants who have completed AP, IB, or college course work through a sponsoring university should send appropriate docume test scores, or transcripts. Credit for such courses will be reviewed after an admission deposit is received.

Informational interviews are available and may be scheduled with an admission counselor by calling the Offidenissionder graduate 516-463-6700.

All materials should be sent to the Hofstra University Office of Undergraduate Admission at the address listed above.

NOTE: Hofstra University accepts the Common Application in lieu of its own form and gives equal consideration to both. Applicant copies of the CommApplication from their high school guidance counselor or online at commonapp.org.

| LAST NAME/SURNAME*                                       | FIR                                       | ST NAME*                                | MIDDLE NAME*              |  |
|--|---|---|---------------------------|--|
| PREFERRED FIRST NAME (if different from your legal name) |   | OTHER NAMES YOU HAVE USED ON TRANSCRIPT | IPTS OR STANDARDIZED TEST |  |
| PERMANENT ADDRESS LINE 1                                 |   |   |                           |  |
| PERMANENT ADDRESS LINE 2 (if a                           | applicable)                               |   |                           |  |
|  | STATE/PROVINCE                            | ZIP/POSTAL CODE                         |                           |  |
| HOME PHONE NUMBER  | INTERNATIONAL PHONE NUMBER (if applicable | ) CELL PHONE NUMBER                     |                           |  |
| EMAIL ADDRESS  |   |   |                           |  |
| DATE OF BIRTH  |   |   |                           |  |
| CITIZENSHIP STATUS                                       | TU.S. Citizen or U.S. Nationa             | T U.S. Dual Citizen                     |                           |  |
|  | ee T U.S. Permanent Resident +            | Country of citizenship:                 |                           |  |
| Т  |   |   |                           |  |

Dual-Degree Options - Health and Legal Programs

COLLEGE NAME CITY, STATE, COUNTRY COURSE TITLE

DATES OF ATTENDANCE CREDITS HOURS

List school and community extracurricular activities that have been important to you. You may submit a separate

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## Counselor Recommendation/High School Report

#### TO THE FIRST-YEAR STUDENT APPLICANT:

Please complete this section and return it to your high school guidance office.

| APPLICANT INFORMATION:      |   |  |  |   |
|-----------------------------|---|--|--|---|
|                             | LAST NAME/SURNAME   | FIRST NAME                                     |  | MIDDLE NAME   |
| PERMANENT ADDRESS           |   |  |  |   |
| СІТҮ                        | STATE/PROVINCE  | ZIP/I  | POSTAL CODE                                      | COUNTRY   |
| TELEPHONE                   |   |  |  |   |
| HIGH SCHOOL NAME            |   |  |  |   |
| HIGH SCHOOL ADDRESS         | CITY  | STATE/PROVINCE                                 | ZIP/POSTAL CODE                                  | COUNTRY   |
| Applicant for: Early Ac     | ction 1 (Nov. 15 deadline) Ear  | y Action 2 (Dec. 15 dead                       | line) Regular Decision                           | (Rolling Basis)   |
|                             | IENT<br>ights and Privacy Act of 1974<br>ss. Check the appropriate boy  |  | review this document                             | if you enroll at Hofstra Unive                              |
| TI waive my right of acc    | cess to this recommend <b>a</b> tido.   | not waive my right of ac                       | cess to this recomme                             | ndation.  |
| APPLICANT S SIGNATURE       |   |  | DATE   |   |
|                             | ing information about this app<br>ope. Thank you for your coope   |  | ot with the student s o                          | completed application form, a                               |
| LAST NAME/SURNAME           |   | FIRST NAME                                     | TITLE  |   |
| HIGH SCHOOL NAME            |   |  | CEEB COD   | E   |
| HIGH SCHOOL ADDRESS         | CITY  | STATE/PROVINCE                                 | ZIP/POSTAL COI                                   | DE COUNTRY  |
| OFFICE TELEPHONE            | OFFICE FAX  |  | EMAIL ADDRESS                                    |   |
| How long have you know      | n the app <u>licant?</u>  | <u>    In w</u> hat capaci <u>ty</u>           | ?  |   |
| A) Student s rank: Top 10   | % / | <u>Valed</u> ict <b>ō</b> rian E;<br>lass size | as compared to othe                              | tudent s academic curriculun<br>r college-bound students in |
| B) Decile rank if exact ran | ik is not læv <u>ailab</u>  |  | _your school.<br>T Most Challenging <sup>-</sup> | т   |
| C) Cumulative GPA           | TWeighted <b>D</b> nweigh   | ted  |  |   |
| D) Highest Test Scores: SA  | T Evidence-Based Reading and  | Writing Date Taken                             | T SAT Math                                       | Date Taken  |

Please write an evaluation of the candidates academic and personal characteristics, leadership ability, talents, and potential for in You may attach a separate letter if you prefer.

| I recommend this applicant:                              |                    |  |
|--|--------------------|--|
| T With Great Enthusiasm T Without Reservation T Strongly | T With Reservation |  |
| Signature  | Date               |  |

Nondiscrimination Polic/Hofstra University is committed to extending equal opportunity to all quali ed individuals without regard to race, color, religion, sex, sexual orientation, gender identity or expression, age, national or mental disability, marital or veteran status (characteristics collectively referred to as Protected Characteristic) in employment and in the conduct and operation of Hofstra University s educational programs and activities and loan programs, and athletic and other school-administered programs. This statement of nondiscrimination is in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Aments Act, the Age Discrimination Act of 1973, the Americans with Disabilities Act Amendments Act, the Age Discrimination Act, and other applicable federal, state, and local laws and regulations relating to nondiscrimination (Equal Opportunity Discability) of cer is the University's of cial responsible for coordinating its overall adherence to Equal Opportunity Laws. Questions or concerns regarding any of these laws, other aspects of Hofstra's Nondiscrimination is a constrained to a specific and the applicable federal, state, and local laws and regulations relating to nondiscrimination (Equal Opportunity Laws. Questions or concerns regarding any of these laws, other aspects of Hofstra's Nondiscrimination is a constrained to applicable federal state, and local laws and regulations relating to nondiscrimination (Equal Opportunity Laws. Questions or concerns regarding any of these laws, other aspects of Hofstra's Nondiscrimination is a constrained to a specific act and the applicable federal.