Office of the University Registrar
29 Everett Street
Cambridge, MA 02138-2790
Phone: 617.349.8740
Toll Free: 800.999.1959 X8740
Fax: 617.349.8717
registrar@lesley.edu

STUDENT PROGRAM REACTIVATION FORM

THIS FORM is used for students who have been away from school for a year or more to reactivate their program.

MAIL COMPLETED FORM TO:

Office of the University Registrar, Lesley University, 29 Everett Street, Cambridge, MA 02138-2790.

Please print (include all information and sign at bottom):

Name: Last, First, Middle _____ Social Security or Lesley Student ID # _____

Name while previously attending Lesley, if different _____ Date of Birth _____

Street/Box # _____

City _____ State _____ Zip _____

Telephone (H) _____ Telephone (W) _____ Email _____

College of registration _____ Program _____

You have been away from Lesley University for more than one year. Please explain your absence.

Please describe your plan for continuing at Lesley.

Student's signature _____ Date _____

Dean/designee's signature (REQUIRED) _____ Date _____