



REGISTRATION FORM

Office of the University Registrar

Walk-in:
University Hall 3rd floor
1815 Massachusetts Ave
Cambridge, MA

Mail-in:
29 Everett St
Cambridge, MA
02138-2790

Contact:
registrar@lesley.edu
Phone: 617.349.8740
Fax: 617.349.8717

Academic year: _____

Term: <input type="checkbox"/> Fall (on-campus) <input type="checkbox"/> Fall term 1 <input type="checkbox"/> Fall term 2		<input type="checkbox"/> January/Spring (on-campus) <input type="checkbox"/> Spring term 1 <input type="checkbox"/> Spring term 2		<input type="checkbox"/> Summer (on-campus) <input type="checkbox"/> Summer term 1 <input type="checkbox"/> Summer term 2	
<input type="checkbox"/> Check if new address/phone below		Date of birth (MM/DD/YYYY): _____/_____/_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Legal Name (print): _____		SS# or Lesley student ID#: _____			
First _____ Last _____ Mid _____					
Preferred Address: _____		City _____ State _____ Zip _____			
Street/Box # _____					
Phone: _____		Phone: _____		Email: _____	
Home _____		Cell _____			

☐ Check here if you have previously enrolled at or applied to Lesley University

Check appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Graduate School of Arts and Social Sciences (GSASS) | <input type="checkbox"/> College of Art and Design (LUCAD) |
| <input type="checkbox"/> Graduate School of Education (GSOE) | <input type="checkbox"/> College of Liberal Arts and Science (CLAS) |
| <input type="checkbox"/> Continuing Education (CE) | <input type="checkbox"/> Center for the Adult Learner (LCAL) |

For required government reporting; please answer the following two questions:

- 1) Do you consider yourself to be Hispanic or Latino? ☐ Yes ☐ No
- 2) In addition, select one or more of the following racial categories to describe yourself:
- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White (including Middle Eastern) | |

	Subject	Course#	Section#	Title	Creds	Faculty	Audit?	Fees	Tuition	Subtotal
ex:	EEDUC	5104	01	Literature for Children & Young Adults	3	John Doe	No			
1										
2										
3										
4										
5										

Please Note

- ◆ Non-attendance does not constitute official withdrawal from the university or from a course(s).
 - ◆ I understand that my tuition bill will be sent to me electronically, and that I must log on to my LOIS account to view and pay my bill.
 - ◆ I understand that by signing I agree to pay all tuition and fees associated with the course(s) in which I am registering. I have read and understand Lesley University's refund policy (see www.lesley.edu/studentaccounts), and am subject to the university's policies, terms, and conditions.
 - ◆ There is no retroactive registration at Lesley University. Registration may be revoked if payment is not received by published deadlines (see www.lesley.edu/studentaccounts). We reserve the right to report and retrieve any credit bureau information concerning your financial obligations to Lesley University.
- ☐ Check here if you have been awarded financial aid this semester.

Registration fee →

Total →

Student Signature (required) _____ Date _____

Advisor Signature (required for CLAS, LCAL, LUCAD) _____ Date _____

Registrar's office use only:

Date received _____

Date processed _____

Initials _____