

## REGISTRATION FORM

Office of the University Registrar

**Walk-in:**  
Support Hub, University Hall  
1815 Massachusetts Ave  
Cambridge, MA

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

**Contact:**  
Submit a ticket online at:  
solutioncenter.lesley.edu  
Fax: 617.649.4855

Academic year: \_\_\_\_\_

**Term:**  Fall (on-campus)  Fall term 1  Fall term 2  January/Spring (on-campus)  Spring term 1  Spring term 2  Summer (on-campus)  Summer term 1  Summer term 2  
 Check if new address/phone below **Date of birth (MM/DD/YYYY):** \_\_\_\_\_  Female  Male  
**Legal Name (print):** \_\_\_\_\_ **SS# or Lesley student ID#:** \_\_\_\_\_  
First Last Mid  
**Preferred Address:** \_\_\_\_\_  
Street/Box # City State Zip  
**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Phone (home) Phone (cell)

Check here if you have previously enrolled at or applied to Lesley University  
**Check appropriate box:**  
 Graduate School of Arts and Social Sciences (GSASS)  College of Art and Design (LUCAD)  
 Graduate School of Education (GSOE)  College of Liberal Arts and Science (CLAS)  
 Continuing Education (CE)  Center for the Adult Learner (LCAL)

**The school requests this information to comply with Federal Government Reporting Requirements:**  
 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:  
 American Indian/Alaskan Native  Asian  Black or African American  
 Native Hawaiian/Pacific Islander  White (including Middle Eastern)

	Subject	Course#	Section#	Title	Creds	CEUs	Faculty	Audit?	Fees	Tuition	Subtotal
<i>ex:</i>	<i>EEDUC</i>	<i>5104</i>	<i>01</i>	<i>Literature for Children &amp; Young Adults</i>	<i>3</i>	<i>6.75</i>	<i>John Doe</i>	<i>No</i>			
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](http://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](http://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 \_\_\_\_\_