



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: 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:** _____
Home 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)

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:

American Indian/Alaskan Native Asian Black or African American
 Native Hawaiian/Pacific Islander White (including Middle Eastern)

| | Subject | Course# | Section# | Title | Creds | Faculty | Audit? | Fees | Tuition | Subtotal |
|------------|--------------|-------------|-----------|---|----------|-----------------|-----------|------|---------|----------|
| <i>ex:</i> | <i>EEDUC</i> | <i>5104</i> | <i>01</i> | <i>Literature for Children & Young Adults</i> | <i>3</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), 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 _____