



REGISTRATION FORM

Office of the University Registrar

Academic year: _____

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:
support.lesley.edu
Fax: 617.649.4855

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 |
|------------|---------|---------|----------|--|-------|------|----------|--------|------|---------|----------|
| ex: | EEDUC | 5104 | 01 | Literature for Children & Young Adults | 3 | 6.75 | 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](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 _____