

**REGISTRATION FORM****Office of the University Registrar****Walk-in:**  
University Hall 3rd floor  
1815 Massachusetts Ave  
Cambridge, MA**Mail-in:**  
29 Everett Street  
Cambridge, MA  
02138-2790**Contact:**  
registrar@lesley.edu  
Phone: 617.349.8740  
Fax: 617.349.8717Academic year: 20/SP

<b>Term:</b> <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		<b>Date of birth (MM/DD/YYYY):</b> _____/_____/_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Name (print):</b> _____		<b>SS# or Lesley student ID#:</b> _____			
First Last Mid					
<b>Preferred Address:</b> _____		City		State Zip	
Street/Box #					
<b>Phone:</b> _____		Phone: _____		<b>Email:</b> _____	
Home		cell			

<b>Check appropriate box:</b> <input type="checkbox"/> Graduate School of Arts and Social Sciences (GSASS) <input type="checkbox"/> Graduate School of Education (GSOE) <input type="checkbox"/> Continuing Education (CE) <input type="checkbox"/> College of Art and Design (LUCAD) <input type="checkbox"/> College of Liberal Arts and Science (CLAS) <input type="checkbox"/> Center for the Adult Learner (LCAL)	<b>For required government reporting; please answer the following two questions:</b> 1) Do you consider yourself to be Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> 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)
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	Subject	Course#	Section#	Title	Creds	Faculty	Audit?	Fees	Tuition	Subtotal
ex:	EEDUC	5104	01	Literature for Children & Young Adults	3	John Doe	No			
1	EEDUC	5256	01STN	Impact of Trauma: An Overview	3	T. Rossi	---	---	\$500	\$500
2										
3										
4										
5										

<b>Please Note</b>	<b>Registration fee →</b>	<b>NA</b>
◆ Non-attendance does not constitute official withdrawal from the university or from a course(s).	<b>Total →</b>	<b>\$500</b>
◆ 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 <a href="http://www.lesley.edu/studentaccounts">www.lesley.edu/studentaccounts</a> ), 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 <a href="http://www.lesley.edu/studentaccounts">www.lesley.edu/studentaccounts</a> ). We reserve the right to report and retrieve any credit bureau information concerning your financial obligations to Lesley University.		
<input type="checkbox"/> Check here if you have been awarded financial aid this semester.		

<b>Student Signature (required)</b> _____	<b>Date</b> _____
<b>Advisor Signature (required for CLAS, LCAL, LUCAD)</b> _____	<b>Date</b> _____

Registrar's office use only:
Date received _____
Date processed _____
Initials _____