#### **Personal Information**

☐ Mr. ☐ Mrs. ☐ Ms. (optional)								
Last	First	Middle						
If the name appearing on your tra	nscripts differs from the name on t	this application, indicat	e here:					
U.S. Social Security Number Date of Birth (month/day/year)*								
Gender*	Marital Status*							
☐ Male ☐ Female	☐ Single ☐ Married	Widowed	Separated/Divorced	Remarried				
Do you consider yourself to be His	spanic/Latino?*							
Yes No								
In addition, select one or more of	the following racial categories to d	lescribe yourself*:						
American Indian/Alaskan Native Asian Black or African American								
☐ Native Hawaiian/Pacific Island	der							
* Your responses to questions of ethnic The information will not be used in th	ity, race, age, and marital status are con e evaluation of your application.	fidential and are used for s	tatistical purposes only.					
Permanent Address								
Street		Apt. No.						
City	State	Zip/Posta	l Code	Country				
Home Phone (with area code)	Work Phone (v	vith area code)						
Email		Fax						
Mailing Address (if differ	rent from above)							
Street		Apt. No.						
City	State	Zip/Posta	l Code	Country				
Telephone	Mailing Addres		to to	Month/Day/Year				

### Citizenship

Are you a citizen of the United States?
If not a U.S. citizen, are you a Permanent Resident of the United States?
If you are a Permanent Resident of the U.S., please enter your Permanent Resident or Alien Registration number
If you are NOT a U.S. citizen or Permanent Resident of the United States:
What is your country of citizenship?
What is your country of birth?
What type of visa do you hold?  F1 F2 J1 J2 H-1b H4 B-1/B-2 R-1 Other
Visa expiration date  Month/Day/Year
Will you require Lesley University to issue an I-20 to procure a student visa to study in the U.S.? 🔲 Yes 🔲 No
What is your native language?
Was English the language of instruction in your previous educational program?
Enrollment Information
Program you wish to apply to:
If not located on Lesley's Cambridge, MA campus, please indicate program location: City: State:
If applying to an on-campus program in Cambridge:
Semester you wish to begin your program of study (please check one): 🗌 Fall, Year: 🗍 Spring, Year: 🗍 Summer, Year:
Enrollment Plans: Full-time Part-Time
If applying to the M.Ed. Collaborative Internship Program, please indicate school(s):
If applying to the MFA in Creative Writing, please indicate your genre(s) of interest:
<b>Teacher Licensure Information</b> (if applicable)  Do you hold a current teacher certification/license?
State Title Grade Level(s) Number
State Title Grade Level(s) Number
Do you intend to use this program towards additional teacher licensure in your state? Yes No  If yes, what level of licensure?
And at what grade level?

#### **Educational History**

Have you ever been enrolled in a	course through Lesley University?	Yes No				
If yes, when?						
High School Experience (If applyi	ng to an undergraduate degree progra	am, please list the high s	chool from which you g	raduated):		
School Name	City	State	State		Graduation Date (MM/YY)	
College Experience (Please list al	l institutions from which you have rece	eived credit; include date	es of attendance and de	egrees awarded):		
Institution Name	City	State	Dates Attended	Credits	Degree/Major	
Institution Name	City	State	Dates Attended	Credits	Degree/Major	
Institution Name	City	State	Dates Attended	Credits	Degree/Major	
Please indicate any standardized	test(s) you have taken or plan to take	(if applicable):				
Test				Date		
Test				Date		
Employment Informa	tion					
Current Employer						
Current Employer's Address						
Occupation/Title						
your professional license?	_ , , , ,	n a separate sheet of pa	per.	or revocation of		
Have you ever been convicted of	a felony? Yes No If yes.	please explain on a sena	arate sheet of paper.			

for rejection or subsequent dismissal from Lesley University.

Signature of Applicant

#### **Financial Aid** Yes, I will be applying for financial aid (U.S. Citizens and Permanent Residents only) No, I will not be applying for financial aid Please Note: Applicants are encouraged to apply for financial aid at the same time as applying for admission. Checking the "yes" box above, will notify the Office of Financial Aid of your interest in receiving financial aid. To be considered for financial aid you must complete the FAFSA (Free Application for Federal Student Aid) and Lesley University Financial Aid Application. For more information, contact the Office of Financial Aid at 617.349.8581 or 800.999.1959 ext. 8581, or by email at finaid@lesley.edu. **Additional Questions** (Optional—This information will not be used in the evaluation of your application.) How did you first learn about Lesley? College guidebook Flyer ☐ Internet search Informational mailing Magazine/newspaper advertisement Personal referral Professional publication Radio advertisement Through my district/work Other (please specify) \_ What influenced your decision to apply? Friend, colleague, family member attended Lesley Reputation of the faculty/program Program will provide career advancement/change Convenient class meeting times Convenient location Other (please specify) \_ To which other colleges have you applied/are you planning to apply (if any)? \_\_\_ I certify that the information on this application is complete and accurate as of the date it is submitted. I understand that any misrepresentation may be cause

Date