

HIGH SCHOOL:

High School Attended: _____ Dates of Attendance: from _____ to _____

School Name _____ City _____ State _____

Year of Graduation from High School: _____ G.E.D. (Date): _____

COLLEGE:Have you ever attended college before (including any other Fisher College location)? Yes No

College Attended: _____ Dates of Attendance: from _____ to _____

College Attended: _____ Dates of Attendance: from _____ to _____

College Attended: _____ Dates of Attendance: from _____ to _____

Note: It is your responsibility to request that your high school guidance office forward to the College any official copy of your secondary school transcript. Transfer students must also submit official transcripts from all post-secondary schools and colleges attended.

MAJOR:

Please indicate your anticipated program of study.

Bachelor's Degrees

- Communication & Media Studies
- Human Services
- Management
- Psychology

Management Concentrations

- Accounting
- Computer Information Systems
- Health Care Management
- Human Resource Management
- Leadership
- Marketing
- Public Administration

Human Services Concentration

- Early Childhood Education

Associate's Degrees

- Business Administration
- Business Administration: Accounting
- Computer Information Systems
- Criminal Justice
- Early Childhood Education
- General Studies
- Health Information Technology
- Psychology

Certificate Program

- Medical Coding

Do you intend to apply for financial aid? Yes No (for U.S. citizens or permanent residents only)Are you of Hispanic or Latino descent? Yes No

Which race(s) best describe(s) you? You may check more than one.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian

I agree to comply with all the rules and regulations of Fisher College as printed in the catalog or otherwise prescribed, and to meet all financial obligations incurred by my attendance at Fisher College. To verify requests for financial assistance, I agree to provide a copy of tax returns and/or to verify requests for financial assistance; I agree to provide a copy of tax returns and/or any other official documentation necessary. I give permission for Fisher College to use, in booklets or other promotions, any College photograph in which this applicant may appear and/or his/her name. The College reserves the right to withdraw without notice any application not completed. All materials submitted become the property of Fisher College.

Date _____

Signature of Applicant _____

Anti-discrimination clause

Fisher College does not discriminate on the basis of race, sex, age, disability, national, or ethnic origin, creed, sexual orientation, veteran status, marital status, or religion in the recruitment, admission, access to, or treatment of students; the recruitment, hiring or treatment of faculty and staff; or the other operation of its activities and programs, as specified by state and federal laws, including Titles IX of the 1972 Educational Amendments to the Higher Education Act, Executive Order 11246, as amended, and section 503/504 of the Rehabilitation Act of 1973. Any inquiries regarding this policy should be directed to the Human Resource Manager, Fisher College, 118 Beacon Street, Boston MA 02116