



FISHER COLLEGE

Office of the Bursar

Students and Parents:

Fisher College takes the cost of higher education seriously. As such, we have specific concerns for the student who suffers a serious injury, accident or illness which forces withdrawal from the institution prior to the completion of the semester. In many instances, this translates to a significant financial loss.

As a result, we offer a Tuition Refund Plan, developed specifically to meet the needs of Fisher College students in helping to minimize the financial hardship of just such an occurrence. This elective insurance plan provides coverage to full-time Day Division students for tuition, room and board charges, and the comprehensive fee. A.W.G. Dewar, Inc. offers this Plan at a cost of \$210.00 per semester for resident students and \$140.00 per semester for commuters, which includes the College administrative fee. The Plan does not cover any other miscellaneous fees or charges, and is not available to part-time or Division of Continuing Education students.

This Plan extends and enhances Fisher College's existing refund policy. In the event of medical withdrawal, you are assured of up to a 100% refund (60% for mental health withdrawal) of covered expenses, even after the College's policy has expired. The enclosed brochure provides details of the coverage, and specific questions on the Plan can be addressed to A.W.G. Dewar representatives at (617) 774-1555.

To facilitate enrollment in the program, eligible students will be automatically billed for the premium cost. If you elect to waive this coverage, you must complete and return the bottom portion of this letter to the Fisher College Office of the Bursar. This waiver must be received by the Office of the Bursar prior to the first day of classes.

TUITION REFUND PLAN – 2011/2012 WAIVER OF BENEFITS

Return this form to:

Fisher College
Office of the Bursar
118 Beacon Street
Boston, MA 02116

Period waived: (Please choose one)

- Fall 2011 Semester
 Spring 2012 Semester
 Both

I understand the College's refund policy and I waive all rights to benefits under the Tuition Refund Plan. I have read the details of the Plan and do NOT wish to purchase the protection for:

Name of Student (Please Print)

Student ID Number

Signature of Responsible Party

Date