

# FISHER COLLEGE

OFFICE OF THE REGISTRAR

## Application for Re-Enrollment Boston Campus

I hereby apply for re-admission at Fisher College, in accordance with the information given on this application form and the regulations in the Fisher catalog.

## **PERSONAL INFORMATION:**

Name:		
First	Middle	Last
Social Security #:	Date of Birth:	//
Sex: □ Male □ Female		
Previous Last Name if applicable:		
Current Address:		
Home/Work Phone:	Cell Phone:	
E-mail Address:		
PREVIOUS FISHER COLLEGE STUDE	NT STATUS.*	
Last Semester/Term Attended:		for Term/Year
Major:		101 101111 10111.
Graduation Date (If Applicable):	/ Month/Year	
*Please note, previous institutions mu	ist provide student conduct cle	earance
COLLEGE:		
College Attended:	Dates of Attendance	:: to

#### **MAJOR:**

Please indicate your anticipated program of study:

<ul> <li>Bachelor's Degree</li> <li>Biology</li> <li>Communication &amp; Media Studies</li> <li>Criminal Justice</li> <li>Liberal Arts</li> <li>Human Services</li> <li>Human Services: Early Intervention Concentration</li> <li>Management</li> <li>Psychology</li> <li>Marketing</li> <li>Sport Management</li> </ul>	Associate's Degree General Studies Health Sciences
<ul> <li>Management Concentrations</li> <li>12 Credit Internship</li> <li>Accounting</li> <li>Computer Information Systems</li> <li>Fashion Merchandising</li> <li>Finance</li> <li>Health Care Management</li> <li>Hospitality</li> <li>Human Resource Management</li> <li>Leadership</li> </ul>	Communication & Media Studies Concentrations: Advertising Journalism Public Relations Video Production

- $\Box$  Leadership
- □ Marketing

#### **HOUSING:**

Do you intend to live on campus?

 $\ \ \Box \ Yes \quad \Box \ No$ 

Do you intend to apply for financial aid?  $\Box$  Yes  $\Box$  No

Fisher College reserves full discretion to admit or deny any re-enrollment requests.

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.

I hereby certify that all the information stated on this application is complete and accurate.

Date

Signature of Applicant