



FISHER COLLEGE

OFFICE OF THE REGISTRAR

Application for Re-Enrollment Day Division

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 STUDENT STATUS:*

Last Semester/Term Attended: _____ Re-Enrollment for Term/Year: _____

Major: _____

Graduation Date (If Applicable): ____/____/____
Month/Year

*Please note, previous institutions must provide student conduct clearance

COLLEGE:

College Attended: _____ Dates of Attendance: _____ to _____

College Attended: _____ Dates of Attendance: _____ to _____

MAJOR:

Please indicate your anticipated program of study:

Bachelor's Degree

- ☐ Biology
- ☐ Communication & Media Studies
- ☐ Criminal Justice
- ☐ Liberal Arts
- ☐ Human Services
- ☐ Human Services: Early Intervention Concentration
- ☐ Management
- ☐ Management: 12-Credit Internship
- ☐ Psychology
- ☐ Marketing
- ☐ Sport Management

Associate's Degree

- ☐ General Studies
- ☐ Health Sciences

Management Concentrations

- ☐ Accounting
- ☐ Computer Information Systems
- ☐ Fashion Merchandising
- ☐ Finance
- ☐ Health Care Management
- ☐ Hospitality & Event Planning

HOUSING:

Do you intend to live on campus? ☐ Yes ☐ No

Do you intend to apply for financial aid? ☐ Yes ☐ 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