

 FISHER COLLEGE

**Course Registration Form**

**Spring 2020**

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| Name:  | Date of Birth: |
| Home Address:  | City, State, Zip:  |
| Daytime Ph #:  | Evening Ph #:  |
| Email:  | Employer Name: |
| Employer City, State, Zip Code: | Employer Phone Number: |

**METHOD OF PAYMENT:**

Tuition for each course is $500. Payment is required to process registration.

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| [ ]  Credit Card Number:  | Expiration Date: |

 [ ]  Check payable to Fisher College

Mail to: Attn: Marjorie Hewitt, Fisher College, 370 Oak Street, Brockton, MA 02301

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| **MARCH TERM:** March 16, 2020 – May 9, 2020**Add/Drop Period Ends:** March 21, 2020 | **Last Day to Withdraw:** April 29, 2020During the add/drop period, students may request to drop a course without owing tuition. After this period, students may request to be withdrawn, with full tuition required. |
|  | **Course ID** | **Course Title**  |
| [ ]  | **RHIT** | Registered Health Information Technician (RHIT) Exam Prep Course |
| [ ]  | **RHIA** | Registered Health Information Administrator (RHIA) Exam Prep Course |

**COURSE SELECTION:**

**I understand that I am responsible for all costs incurred for this course(s). I also understand that inactivity in an online course or non-attendance in a classroom class does not automatically withdraw me from a course. I understand that I must formally request to be dropped before add/drop ends and request to be withdrawn before the last day to withdraw.**

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| Student Signature (at least 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Student Signature(under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Guardian Full Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

 ***Please EMAIL this form to*** ***mhewitt@fisher.edu***