



FISHER COLLEGE

OFFICE OF THE REGISTRAR

Change of Site Form

Student Name: _____ ID #: _____

Mailing Address: _____ Email Address: _____

Telephone #: _____ Degree/Program: _____

Current Site: ☐ Boston (Day) ☐ N. Attleboro
☐ Boston (DAPS) ☐ Brockton
☐ Online ☐ Brockton Hospital School of Nursing
☐ New Bedford

Intended Site: ☐ Boston (Day) ☐ N. Attleboro
☐ Boston (DAPS) ☐ Brockton
☐ Online ☐ Brockton Hospital School of Nursing
☐ New Bedford

Note: A change of site may affect the student's financial aid status, tuition amount, and status. Please contact the Office of Financial Aid and the Bursar's Office if you intend to change sites. Day students switching to DAPS will not be eligible to participate in day-school student activities, senior week, and the federal work study program.

Student's Signature: _____ Date: _____

Associate Dean/ Vice President for Academic Affairs _____ Date: _____

Processed by Registrar: _____ Date: _____