

am applying for the semester beginning	☐ Fall 20	Spring 20	
	YEAR		YEAR

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX
Name you prefer to be called			
Social Security Number(	) Date	e of Birth/	
<b>Legal Sex:</b> ☐ Female ☐ Male <b>Ge</b>	nder Identity:   Female   Male		
HOME PHONE	CELL PHO	ONE	
EMAIL			
Will you be a:   Commuting Student	☐ Resident Student		
Do you intend to apply for financial aid College Code #002150 Permanent Address	<b>1?</b> Available for U.S. citizens and permanent i	residents only. 🗌 Yes 🗌 No	
NUMBER, STREET	APT#	CITY	
STATE/PROVINCE	ZIP/POS	TAL CODE COUNTR	Υ
Mailing Address ☐ same as above			
NUMBER, STREET	APT#	CITY	
STATE/PROVINCE	ZIP/POS	TAL CODE COUNTR	Y
COUNTRY OF BIRTH	COUNTR	RY OF CITIZENSHIP	

By completing this form, you are giving your express written consent for Fisher College to contact you regarding our educational programs and services using email, telephone or text—including our use of automated technology for calls and periodic texts to any wireless number you provide. Message and data rates may apply. This consent is not required to purchase goods or services, and you may always call us directly at 617-236-8818.

# FAMILY INFORMATION

Parent/Guardian #1		Paren	t/Guardian #2	
☐ Mr. ☐ Ms. ☐ Mrs. L	iving	□Mr. □	Ms. Mrs. Living	☐ Yes ☐ No
RELATIONSHIP		RELATION	ISHIP	
NAME		NAME		
EMAIL	PHONE	EMAIL		PHONE
Address the same as you	r home address?	o Addres	s the same as your home	e address?
NUMBER, STREET	APT#	NUMBER,	STREET	APT#
CITY	STATE/PROVINCE	CITY		STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	ZIP/POST/	AL CODE	COUNTRY
	a Fisher College graduate?	_	parent/guardian a Fishe	r College graduate? ☐ Yes ☐ No
	,			
GENERAL INFORM	IATION			
How were you introduced  Admission Counselor  College Night  Mail	☐ Alumni ☐ ☐ ☐ Current Fisher Student ☐	Friend College Fair Guidance Counselor	<ul><li>☐ Other (please specify)</li><li>☐ Website (please specify)</li></ul>	
	her College?			
If yes, when?	_			
Optional race/ethnicity i	nformation Compiled for statistic		anic 🗌 Hispanic	
Are you of Hispanic, Latin  Yes, Mexican, Mexican- Yes, Cuban  Yes	American, Chicano	•	no, or Spanish Origin	☐ Yes, Puerto Rican
What is your first langua	ge?			
Are you a veteran of the U	nited States Armed Forces? 🗌 Y	∕es □ No		
If you are NOT a citizen o attending Fisher College?	f the United States, what will b	be your immigration s	tatus while you are	
☐ Permanent Resident wi	th Green Card 🔲 Student Visa	Other (please speci	fy)	
<b>Have you ever been conv</b> If yes, please explain on a s	icted of a felony?  Yes No separate sheet.	0		
	ed on probation, suspended, ex	xpelled, or refused rea	admission	

If yes, please explain on a separate sheet. If the reason was other than academic, the institution's Dean of Students must also submit a letter of explanation. Your application will be considered incomplete without this information.

## PROGRAMS OF STUDY

Please check only one program and, if applicable, one concentration and one minor.

BACHELOR'S DEGREES	MINORS
Bachelor of Arts:	☐ Biology
☐ Biology	☐ Communication and Media Studie
☐ Communication and Media Studies	☐ Computer Information Systems
☐ Advertising	☐ Computer Forensics
☐ Journalism	☐ Criminal Justice
☐ Public Relations ☐ Video Production	☐ Diversity Studies
_	☐ English
☐ Liberal Arts ☐ English	☐ Event Planning
☐ Psychology	☐ Human Resource Management
-	☐ Human Services
Bachelor of Science:	☐ Management
☐ Criminal Justice	☐ Marketing
☐ Human Resource Management	☐ Psychology
☐ Human Services	☐ Social Media
☐ Early Intervention	☐ Sport Management
☐ Information Technology	
<ul><li>☐ Cyber Security</li><li>☐ Game Development</li></ul>	MASTER'S DEGREES
☐ Software Engineering	4+1 MBA, Strategic Leadership
☐ Management	☐ Accounting
☐ Accounting	☐ Sport Administration
☐ Entrepreneurship	☐ MA, Counseling Psychology
$\square$ Fashion Merchandising	☐ MA, Psychology
☐ Finance	☐ MS, Criminal Justice
☐ Health Care Management	☐ 3+3 Juris Doctorate with  Massachusetts School of Law
☐ Hospitality and Event Planning	
Marketing	
☐ Sport Management	
ASSOCIATE'S DEGREES	





### SECONDARY SCHOOL INFORMATION ☐ Check here if you have received a GED DATES OF ATTENDANCE NAME OF HIGH SCHOOL(S) ATTENDED CITY/ STATE YEAR OF GRADUATION NAME OF HIGH SCHOOL(S) ATTENDED CITY/ STATE DATES OF ATTENDANCE YEAR OF GRADUATION Name of Guidance Counselor \_ Please check all activities in which you have participated in high school. ☐ Community Service ☐ Student Government Yearbook ☐ ROTC ☐ Drama Club ☐ National Honor Society ☐ Other (please specify) \_ ☐ Other (please specify) \_

#### COLLEGE/UNIVERSITY INFORMATION

Have you ever attend	ed a col	lege/universi	ity before?	└ Yes	∐ No
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NAME OF COLLEGE(S) ATTENDED CITY/ STATE DATES OF ATTENDANCE NUMBER OF CREDITS

NAME OF COLLEGE(S) ATTENDED CITY/ STATE DATES OF ATTENDANCE NUMBER OF CREDITS

Note: It is your responsibility to request that your high school guidance office forward to Fisher College an official copy of your secondary school transcript. When possible, the College would appreciate receiving your high school and college/university (if applicable) transcripts at the same time as this application form. A final transcript certifying a high school graduation date must also be submitted prior to enrollment. Transfer applicants must also submit transcripts from all post-secondary schools and colleges attended.

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

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 College. To verify requests for financial assistance, I agree to provide a copy of tax returns and/or any other official documentation necessary. I give permission for Fisher College to use, in booklets or other promotions, any College photograph in which this applicant may appear and/or his/her name. The College reserves the right to withdraw without notice any application not completed. All materials submitted become the property of Fisher College.

By my signature, I certify that the information I have provided about my academic and personal information is accurate and complete. Failure to disclose any required information could result in denial of admission or retroactive administrative withdrawal from the College without refund or credit. I am in good mental and physical health, unless otherwise stated.

APPLICANT SIGNATURE

Anti-Discrimination Clause: Fisher College does not discriminate on the basis of race, sex, age, disability, national or ethnic origin, creed, sexual orientation, veteran status, or religion in the recruitment, admission, access to or treatment of students; the recruitment, hiring or treatment of faculty and staff; or the operation of its activities and programs, as specified by state and federal laws, including Title IX of the 1972 Educational Amendments to the Higher Education Act, Executive Order 11246, as amended, and section 503/504 of the Rehabilitation Act of 1973. Any inquiries regarding this policy should be directed to the Manager of Human Resources, Fisher College, 118 Beacon Street, Boston, MA 02116.

### **GET CONNECTED**





