

**IMPORTANT HEALTH & HOUSING FORMS INCLUDED** 

### **WELCOME TO FISHER!**

Dear Future Falcon,

Congratulations on your acceptance to Fisher College!

We are excited for you to embark on your educational experience with us. Fisher will provide you with life changing opportunities, in and out of the classroom. From your two required internships to life here in Boston, you will have a college experience unlike any other. You are more than just a number to your professors, they will know your name and the best way to assist you in achieving your academic goals. Beyond our esteemed faculty, our dedicated professional staff are all here to help you succeed. From the day you apply to the day you walk across the stage to accept your degree, the entire Fisher College community will be here to support you.

We know paying for your education is an obstacle, but it is also an investment. Fisher College offers generous Financial Aid packages to make college more affordable for you. You will receive your Financial Aid package from our Financial Aid Office very soon.

This pre-enrollment guide is an all-inclusive booklet and will help you step by step throughout the entire enrollment process:

- » Summer orientation days: come to campus, meet your fellow classmates and pick your classes!
- » What **documents** to submit: health forms, housing application, it is all here!
- » Complete your FAFSA and add our school code: 002150.

Do not fall behind, ensure you are right on track by returning all the necessary forms as soon as you can.

If you have any questions about Fisher that are not addressed in this guide or at **www.fisher.edu**, please do not hesitate to contact the Admissions Office. Give us a call at **617-236-8818** or email us at **admissions@fisher.edu**.

We look forward to welcoming you to Fisher College!

Go Falcons!

Thomas Englehardt '09 Director of Admissions



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### Getting Started

To make it official and enroll at Fisher, you need to follow a few key steps. Here's a checklist to keep it simple.

### HOLD YOUR SPOT AND ARRANGE YOUR TUITION PAYMENT

☐ Make your deposit to hold your place in the class.

The deposit for resident hall students is \$500. Off-campus students pay \$200. After May 1st, your deposit for the fall semester is non-refundable. Deposits for the Spring semester are refundable until December 1st.

### Questions?

Email: admissions@fisher.edu

Tel: 617-236-8818 Fax: 617-236-5473

### ☐ Complete the financial aid process by returning your forms to our Financial Aid Office.

If you have not received a financial aid award, call the Financial Aid Office to find out what items are missing from your file. Once you've received your award, please still contact the office with any questions.

### **Questions?**

Email: financialaid@fisher.edu

Tel: 617-236-8821 Fax: 617-670-4440

### ■ Make sure you can pay your tuition in full.

Most students need to access student and/or parent loans to pay their bill in full. This process can take several weeks for credit approval. Don't wait until the last minute to confirm payment. Confirm with both the Financial Aid Office and the Bursar that your loan or payment plan has been approved and guaranteed.

### Questions?

Email: bursar@fisher.edu

Tel: 617-236-5403 Fax: 617-236-5401

### ARRANGE YOUR ON-CAMPUS HOUSING

☐ If you are planning to live on campus, fill out the Housing Agreement and Roommate Preference form and return them in the envelope provided.

Return your housing preference form, found on page 17 of this guide, with your \$500 deposit.

### Questions?

Email: housing@fisher.edu

Tel: 617-236-8828 Fax: 617-670-4425

### CONFIRM YOUR UP-TO-DATE HEALTH AND INSURANCE INFORMATION

☐ Complete your pre-entrance health requirements.

Return your completed health registration form, medical history, and immunization records, found on pages 6–13 of this guide, to Health Services as soon as possible.

### Questions?

Email: healthservices@fisher.edu

Tel: 617-236-8860 Fax: 617-236-5465

### ☐ Confirm or waive your health insurance.

Massachusetts requires students enrolled in at least 75% of full time credits to be covered by health insurance.
Unfortunately, Massachusetts cannot accept health insurance from foreign countries, out of state medicaid and HMO plans, travel plans, or short-term medical plans.

Please see page 14 of this guide for further details. Then, if eligible, complete our insurance waiver process online at www.fisher.edu/student-life/health-and-wellness/insurance. Please pay attention to important deadlines for the waiver process.

### Questions?

Email: healthinsurance@fisher.edu

Tel: 617-236-8860 Fax: 617-236-5465



## The Fisher College **Academic Calendar**

### **SUMMER ORIENTATION DAYS**

During one of four Summer Orientation Days held during the summer, you will take placement examinations, meet with advisors, and choose your classes. You will also get to meet your new classmates!

We ask that all students and parents plan to attend one of these four programs before coming for our New Student Welcome Weekend. More information about signing up for Summer Orientation Days will be sent to you once we receive your deposit.

### SUMMER ORIENTATION DAYS

Thursday, June 17, 2021

(All students welcome)

Thursday, June 24, 2021

(All students welcome)

Wednesday, July 21, 2021

(Suggested date for transfers)

Tuesday, August 24, 2021

(Suggested date for fall athletes)



### **FALL 2021 SEMESTER**

Residence halls open for new students September 4
New student Welcome Weekend September 4–6
Residence halls open for returning students September 6
Classes begin September 7
Add/drop period ends September 14
Columbus Day — No Classes October 11
Midterm warning grades due October 22
Veteran's Day, Observed — No Classes November 11
Last day to withdraw from classes November 19
Thanksgiving break November 24–28
(Week of November 22nd all classes that meet on Mondays, Wednesdays or Fridays will have one online session.)
Last day of classes
Final grades due

### **SPRING 2022 SEMESTER**

Residence halls open for new students January 16
New student Welcome Weekend January 16–17
Residence halls open for returning students (MLK) January 17
Classes begin January 18
Add/drop period ends January 25
Presidents' Day — No Classes February 21
Midterm warning grades due
Spring break March 5–13
Last day to withdraw from classes April 8
Patriots' Day — Classes Held Online April 18
Last day of classes May 6
Final grades due
Commencement

# Fisher College | Pre-Enrollment Guide

## Your Health at Fisher College

### THE STUDENT HEALTH SERVICES

At Fisher College, the health and wellness of our students is our top priority. After all, you can't learn and grow if you're not feeling your best.

To keep our students as healthy as possible, our Student Health Services is staffed by a registered nurse and part-time physician, who deliver a wide range of health services. We also provide counseling services, and outpatient referrals to world-class hospitals and providers if they're needed.

The Student Health Services is open Monday–Friday, 8 am to 4 pm. Counseling services are also available Monday through Friday. In addition, we have an on-site athletic trainer and offer many wellness services.

In order to welcome you to campus, we need to have all medical paperwork completed. Massachusetts has strict requirements that you must comply with to move into the residence halls and register for classes. Up-to-date immunizations will protect you from illness and help keep the Fisher community safe. You will not be able to register for classes or live in the residence halls until we receive completed medical documents.

If you haven't turned in the required documents by August 2nd for fall enrollment and January 3rd for spring enrollment, a \$100 administrative fee will be assessed until you comply with the immunization requirements. It's your responsibility to complete the required forms in a timely manner. If you are unable to comply with the requirements before you arrive on campus, we will assist you through the process and there will be a fee charged by the organization.

### YOU'LL NEED TO COMPLETE:

### **HEALTH RECORDS**

- » Permanent address and contact information
- » Address and contact information while in school
- » Emergency contacts
- » Consent to treat in an emergency (students under the age of 18)

### **MEDICAL HISTORY**

- » Family history (include all that apply)
- » Individual history (check all that apply)
- » Hospitalizations
- » Allergies (food, drug, etc.)
- » Lifestyle questions

### **HEALTH INSURANCE** (required by law)

- » Automatically enrolled if no other comparable insurance plan is available
- » Submit online waiver request if personal insurance plan meets state requirements
- » Please note the important deadline date for the online waiver process.

### YOUR HEALTHCARE PROVIDER WILL NEED TO COMPLETE:

### **IMMUNIZATIONS FORM**

You must be up-to-date with Massachusetts requirements for immunization.

- » Measles/Mumps/Rubella (MMR): 2 doses given 30 days apart. Serological proof of immunity may be substituted.
- » Varicella (Chicken Pox): 2 doses given 30 days apart. Serological proof of immunity or medical provider's documentation of the disease may be substituted.
- » Meningococcal vaccine: (MenACWY) is required for all full-time newly enrolled students 21 years of age or younger (<22 years of age) received on or after the 16th birthday, regardless of housing status. Students may opt out of this requirement by reading and signing a waiver after discussion with a health care provider.
- » Tuberculosis screening and testing: (strongly recommended for public health reasons).

- » Hepatitis B vaccine: 3 doses are required. You are able to begin classes after receiving the first dose. You receive the second dose after 30 days and the third dose at least two months from the second dose and four months from the first. Serological proof of immunity may be substituted.
- » Influenza: The Flu Vaccine is required for everyone attending in person classes and/or living on campus as of 12/31/20.

### PHYSICAL EXAMINATION

Please submit a record of physical examination performed and dated within one calendar year. Please make note of any areas of concern or chronic treatment. All student athletes are required to submit physical exams yearly.

### Completed paperwork may be mailed to:

Fisher College Health Services 118 Beacon Street, Boston, MA 02116

Or faxed to: 617-236-5465

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Year



Name: \_\_\_\_

Fisher College Health Services 118 Beacon Street, Boston, MA 02116 **Phone:** 617-236-8860 **Fax:** 617-236-5465

Student completes this form. Please return directly to Fisher College Health Services.

PLEASE NOTE: ALL STUDENTS are required to return the HEALTH and IMMUNIZATION REPORT by Monday, August 2 for fall enrollment and Monday, January 3 for spring enrollment. Students who are admitted after this date must bring their forms to check-in day. Any student failing to provide this required documentation will be prohibited from registering and attending classes.

**INSTRUCTIONS:** This form must be completed in **ENGLISH.** Please complete all forms labeled \*STUDENT COMPLETES THIS FORM.\* Please have the student's healthcare provider complete and return all forms labeled \*HEALTHCARE PROVIDER COMPLETES THIS FORM.\*

Date of Birth:

Legal Sex: ☐ Male ☐ Female Gender Identity: ☐ M	ale 📙 Female 🔛 Other:	
Permanent Address:	City	State Zip
E-mail Address:		State Zip
Home Telephone: (	Cell Phone: (	ode
Local Address:	City	State Zip
Father/Guardian's Name:		2:
Father/Guardian's Home Phone: ()	Mother/Guardian's Phone	e: ()
Father/Guardian's Business Phone:()	Mother/Guardian's Busin	ness Phone: ()
Semester/year entering Fisher College: Status:	Freshman 🗆 Transfer L	iving: ☐ Resident ☐ Commuter
College(s) attended:	Dates attended:	
Alternate Emergency Contact		
Name:		Relationship
Home Telephone: ()		
E-mail Address:		
CONSENT FOR EMERGENCY TREATMENT		
CONSENT FOR EMERGENCY TREATMENT		
CONSENT FOR EMERGENCY TREATMENT  To be signed by parent/guardian if student is under		
CONSENT FOR EMERGENCY TREATMENT  To be signed by parent/guardian if student is under	18 years of age:	
CONSENT FOR EMERGENCY TREATMENT  To be signed by parent/guardian if student is under I give permission for medical treatment for my son/daughter  In the event of an accident or illness, this includes referral to a	18 years of age:	
CONSENT FOR EMERGENCY TREATMENT  To be signed by parent/guardian if student is under I give permission for medical treatment for my son/daughter  In the event of an accident or illness, this includes referral to a should it be necessary and I am unable to be reached.	18 years of age:  local hospital, hospitalizati	ion, anesthesia, and/or surgery
CONSENT FOR EMERGENCY TREATMENT  To be signed by parent/guardian if student is under I give permission for medical treatment for my son/daughter  In the event of an accident or illness, this includes referral to a should it be necessary and I am unable to be reached.  Signature	18 years of age: local hospital, hospitalizati	ion, anesthesia, and/or surgery Date
CONSENT FOR EMERGENCY TREATMENT  To be signed by parent/guardian if student is under I give permission for medical treatment for my son/daughter  In the event of an accident or illness, this includes referral to a should it be necessary and I am unable to be reached.  Signature  FOR HEALTH SERVICES USE ONLY	18 years of age:  local hospital, hospitalizati  Date Rec	ion, anesthesia, and/or surgery  Date  ceived:
CONSENT FOR EMERGENCY TREATMENT  To be signed by parent/guardian if student is under I give permission for medical treatment for my son/daughter  In the event of an accident or illness, this includes referral to a should it be necessary and I am unable to be reached.  Signature  FOR HEALTH SERVICES USE ONLY	18 years of age:  local hospital, hospitalizati  Date Rec	ion, anesthesia, and/or surgery  Date  Ceived: Rubella
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Please list all family members   Age   Health   Age   Cause of family members   Age   Status   at death   Age   Cause of family members   Alcoholism/Substance Abuse   Alcoholism/Substance Ab	Student Name:					Please return directly	to Fis	her Col	lege Health Services
Section   Control   Cont	FAMILY HISTORY					Have any of your immedia	te rela	tives ha	d any of the following
Asthma or Aflerges     Asthma or Aflerges     Asthma or Aflerges     Asthma or Aflerges		Age				Illness			
Sisters						Alcoholism/Substance Abuse		101 yes	Telative
Sisters	Mother					Asthma or Allergies			
Sosters	Brothers					Blood or Bleeding Disorder			
Heart Disease   Heart Diseas						Cancer			
Spouse   Mental liness (please specify):   Seture Disorder   Tuberculosa   Cher (please specify):   Seture Disorder   Tuberculosa   Cher (please specify):   Cher (please						Diabetes			
Mental titliness pickase specify:   Seizure Disorder   Tuberculosis   Other (please specify:   Mental titliness pickase specify:   Menta	Sisters					Heart Disease/ High Blood Pre	essure		
Seture Disorder						Kidney Disease			
Sciture Disorder   Tuberculoss   Tuberculo						Mental Illness (please specify)	:		
Tuberculoss Other (please specify):    Tuberculoss	Spouse					<u> </u>			
STUDENT'S HISTORY  Do you have now or have you ever had: (check all that apply)  1.    Ahoromal Pap   14.    Frequent ear problems   25.    Irritable Bowel Syndrome   38.    Seizure disorder   27.    Idéney stone   39.    Sickle cell disease/trait   28.    Kidney disease/urinary   40.    Testicular problem   41.    Thyroid disease   25.    Arthridis   18.    Heart disease/problem   41.    Thyroid disease   27.    Idéney stone   39.    Sickle cell disease/trait   41.    Thyroid disease   41.    Thyroid disease   42.    Thereulosis   43.    Ulicer   43.    Ulicer   43.    Ulicer   43.    Ulicer   43.    Ulicer   44.    Thyroid disease   44.    Other serious liness or element headache   43.    Ulicer   43.    Ulicer   43.    Ulicer   43.    Ulicer   44.    Other serious liness or element headache   44.    Other serious liness or element	GL II .								
STUDENT'S HISTORY   Do you have now or have you ever had: (check all that apply)	Children								
Do you have now or have you ever had: (check all that apply)  1.   Ahnormal Pap						Other (please specify):			
Do you have now or have you ever had: (theck all that apply)  1.   Abnormal Pap	•••••		• • • • • • • • • • • • • • • • • • • •			<del></del>			
1.									
2.	Do you have now or l	have you	ever had: (che	ck all that apply	y)				
3.   Anorexia Nervosa/Bullimia   16.   Fainting   28.   Kidney disease/urinary   40.   Testicular problem   17.   Severe head injury   17.   Severe head injury   18.   Heart disease/problem   29.   Learning disability   42.   Tuberculosis   43.   Ulcer   44.   Other serious illness or injury, mental ill	1. 🗖 Abnormal Pap		14. 🗆 Fre	equent ear prob	olems	26. 🗖 Irritable Bowel Syndrome	38.	☐ Seizur	re disorder
4.   Appendectomy	2.   Anemia/Bleeding	Disorder	15. ☐ Eye	e problem		27.   Kidney stone	39.	□ Sickle	cell disease/trait
1.   Severe teachings   1.   Severe teachings   29   Learning disability   42   Tuberculosis   43.   Ulcer   43.   Ulcer   44.   Other serious illness or   45.   Ulcer	3. 🗖 Anorexia Nervosa	a/Bulimia	16. 🗖 Fai	nting		28.   Kidney disease/urinary	40.	□ Testic	ular problem
Solution   19   Heart murmur/click   30   Malaria   43   Ulcer   44   Other serious illness or   45   Other serious illness	4.   Appendectomy		17. 🗆 Se	vere head injur	у	infection	41.	□ Thyro	id disease
Solution	5. □Arthritis		18. □ He	art disease/pro	oblem	29. Learning disability	42.	☐ Tuber	culosis
2.	6. ☐ Anxiety		19. 🗖 He	art murmur/cli	ck	30. ☐ Malaria	43.	□ Ulcer	
9.   Cancer/Malignancy   22.   HIV infection   33.   Neuro-muscular disease   (please explain below)   10.   Chickenpox   23.   Impaired mobility/paralysis   34.   Phlebitis/deep vein clot   35.   Pneumothorax   36.   Positive TB test   37.   Rheumatic fever   37.   Charles a day?   38.   Positive TB test   38.   Positive TB test   39.   Pheumothorax   39.   Pheumothoratic   Pheumothorax   39.   Pheumothorax   39.   Pheumothoratic   Pheumothoratic   39.   Pheumothoratic   Pheumothoratic   Pheum	7. 🗆 Asthma		20. □ He	patitis/Jaundice	e	31. Recurrent headache	44.	☐ Other	serious illness or
Solid Cancer/Malignancy   22.	8. 🗆 Bone or Joint Prol	blem	21. 🗖 Hig	sh blood pressur	e	32. Mononucleosis			
11.	9.   Cancer/Malignand	су	22. 🗖 HI\	/ infection		33. ☐ Neuro-muscular disease		(pleas	se explain below)
2. Diabetes   Plan   36. Dostitve TB test   37. Depression   25. Depress	10.   Chickenpox		23. 🔲 Im	paired mobility.	/paralysis	34. ☐ Phlebitis/deep vein clot			
13.   Depression   25.   Irregular heartbeat   37.   Rheumatic fever   37.   Depression   25.   Irregular heartbeat   37.   Rheumatic fever   37.   Depression   37.   Rheumatic fever   37.   Depression   37.   Rheumatic fever   37.   Depression   37.   Rheumatic fever   37.   Reputation   Reputatio	11.   Colitis/Ileitis		24. 🗖 Inc	lividualized Edu	ucation	35. ☐ Pneumothorax			
Do you smoke? No Yes How many cigarettes a day? For how many years?  Do you drink alcohol? No Yes How often?  If you drink alcohol? No Yes How often?  Do you wercise? No Yes What type?  Do you exercise? No Yes What type?  Do you consider yourself:  Do you consider yourself:  Do you often have a feeling of being overwhelmed or depressed?  When you travel in a car, what percentage of the time do you wear a seatbelt?  Do you evar a helmet when biking/roller blading? No Yes  Do you evar a helmet when biking/roller blading? No Yes  Do you examine your breasts/testicles regularly? No Yes  MAJOR ILLNESS, OPERATIONS OR HOSPITALIZATIONS:  If any, provide details including dates, diagnoses, surgeries, etc.)  CURRENT MEDICATIONS:  CURRENT MEDICATIONS:  ALLERGIES (Please specify):  Do you oflollow any special diet? No Yes  What kind?  Are you concerned about your  Or your weight?  No Yes  Do you consider yourself:  Do you often have a feeling of being overwhelmed or depressed?  Have you ever received treatment or counseling for an emotional problem?  No Yes  Are you concerned about your own drinking or drug use? No Yes  CYNECOLOGICAL HISTORY:  (female students only - check all that apply)  Age at onset of menstrual cycle:  Date of last PAP smear:  Result:  Date of last PAP smear:  Result:  Date of last PAP smear:  Result:  Date of last PAP smear:  Bleeding between periods Painful cramps PID STI PCOS  Bleeding between periods Breast lumps/Fibrocystic Disease	12.   Diabetes		Plai	n		36. ☐ Positive TB test			
What kind?  Are you concerned about your eating patterns? Do you drink alcohol? Do you drink alcohol? Do you drink alcohol? Do you have on the average in one evening?  Do you exercise? Do you consider yourself: Do you consider yourself: Do you consider yourself: Do you consider yourself: Do you often have a feeling of being overwhelmed or depressed? When you travel in a car, what percentage of the time do you wear a seatbelt? Do you wear a helmet when biking/roller blading? Do yes Do you examine your breasts/testicles regularly? Do Yes  MAJOR ILLNESS, OPERATIONS OR HOSPITALIZATIONS: Iff any, provide details including dates, diagnoses, surgeries, etc.)  GYNECOLOGICAL HISTORY: If many, provide details including dates, diagnoses, surgeries, etc.)  GYNECOLOGICAL HISTORY: If menstrual cycle: Date of last PAP smear: Result:	13. Depression		25. 🗖 Irre	egular heartbea	at	37. ☐ Rheumatic fever			
eating patterns? No Yes No Yes  Do you exercise? No Yes What type?  Do you exercise? No Yes What type?  When you travel in a car, what percentage of the time do you wear a seatbelt?  Do you examine your breasts/testicles regularly? No Yes  MAJOR ILLNESS, OPERATIONS OR HOSPITALIZATIONS:  If any, provide details including dates, diagnoses, surgeries, etc.)  CURRENT MEDICATIONS:  CURRENT MEDICATIONS:  ALLERGIES (Please specify):  eating patterns? No Yes  Do you consider yourself:  underweight overweight overweight normal weight  Do you often have a feeling of being overwhelmed or depressed?  Have you ever received treatment or counseling for an emotional problem?  No Yes  Are you concerned about your own drinking or drug use? No Yes  GYNECOLOGICAL HISTORY:  (female students only - check all that apply)  Age at onset of  menstrual cycle:  Date of last PAP smear:  Result:  Have you ever had: Colposcopy (Date)  Irregular periods/no periods Painful cramps PID STI PCOS  Bleeding between periods Breast lumps/Fibrocystic Disease	*		For how	many years?			Yes	5	
Do you exercise?	Do you drink alcohol? □ N	No □Yes	How often?						
Do you exercise? No Yes What type?	If you drink, how may drin	ıks do you h	ave on the aver	age in one ever	ning?			□No	□Yes
Do you often have a feeling of being overwhelmed or depressed?    No   Yes									
When you travel in a car, what percentage of the time do you wear a seatbelt?	•							_	
Have you ever received treatment or counseling for an emotional problem?    No   Yes     No   Ye							overwh	elmed or o	depressed?
Do you wear a helmet when biking/roller blading? No Yes  Do you examine your breasts/testicles regularly? No Yes  MAJOR ILLNESS, OPERATIONS OR HOSPITALIZATIONS:  If any, provide details including dates, diagnoses, surgeries, etc.)  CURRENT MEDICATIONS:  CURRENT MEDICATIONS:  Have you ever received treatment or counseling for an emotional problem?  No Yes  Are you concerned about your own drinking or drug use? No Yes  GYNECOLOGICAL HISTORY:  (female students only - check all that apply)  Age at onset of menstrual cycle: Date of last PAP smear: Result:  Have you ever had: Colposcopy  Date of last PAP smear: Bleeding between periods Painful cramps PID STI PCOS  Bleeding between periods Breast lumps/Fibrocystic Disease	*		_	•					
Are you concerned about your own drinking or drug use? No Yes  MAJOR ILLNESS, OPERATIONS OR HOSPITALIZATIONS:  (If any, provide details including dates, diagnoses, surgeries, etc.)  CURRENT MEDICATIONS:  CURRENT MEDICATIONS:  Have you ever had: Colposcopy (Date)  CURREGIES (Please specify):  Are you concerned about your own drinking or drug use? No Yes  Are you concerned about your own drinking or drug use?						-	r counse	eling for ar	n emotional problem?
MAJOR ILLNESS, OPERATIONS OR HOSPITALIZATIONS:  (If any, provide details including dates, diagnoses, surgeries, etc.)  Age at onset of menstrual cycle: Length of cycle:  Date of last PAP smear: Result:  Have you ever had:Colposcopy (Date)    Irregular periods/no periodsPainful crampsPIDSTIPCOS  ALLERGIES (Please specify):   Bleeding between periodsBreast lumps/Fibrocystic Disease	Do you examine your brea	asts/testicle	es regularly? 🗖	No □Yes			drinking	or drug u	se? □ No □ Yes
// Age at onset of menstrual cycle:									
menstrual cycle: Length of cycle: Date of last PAP smear: Result: Pare of last PAP smear:							apply)		
Date of last PAP smear: Result:  CURRENT MEDICATIONS:  Have you ever had:Colposcopy (Date)  Irregular periods/no periodsPainful crampsPIDSTIPCOS  ALLERGIES (Please specify): Bleeding between periodsBreast lumps/Fibrocystic Disease							Length	of cycle:	
Have you ever had: \( \text{Colposcopy} \) (Date) \( \text{Date} \) \( \text{PCOS} \)  ALLERGIES (Please specify): \( \text{Bleeding between periods} \) \( \text{Breast lumps/Fibrocystic Disease} \)						•	_	-	
ALLERGIES (Please specify):    Irregular periods/no periods   Painful cramps   PID   STI   PCOS     Bleeding between periods   Breast lumps/Fibrocystic Disease	CURRENT MEDICATION	IS:				Have you ever had: ☐ Colposcopy		(Date) _	
ALLERGIES (Please specify):									
	ALLERGIES (Please spec	ify):							



### FISHER COLLEGE STUDENT IMMUNIZATION FORM

Health Services | 118 Beacon Street | Boston, Massachusetts 02116

Phone: 617-236-8860 Fax: 617-236-5465

Please return directly to Fisher College Health Services.

This form must be completed and returned to Health Services before you arrive on campus. All responses must be in English.

You may: 1) Complete the student information section. Attach immunization documentation from your healthcare provider's office, school, or military records.

2) Complete the student information section. Have your healthcare provider complete the remaining sections and sign where indicated.

STUDENT INFORMATION		
First Name	Last Name	
Date of Birth	Home Phone #	Cell Phone #
Home Address		
City	State	Zip

### **REQUIRED IMMUNIZATIONS**

Tetanus / Diphtheria / Acellular Pertussis (one booster)

Primary series (DPT/DTAP/DT or Td) ☐ Yes ☐ No 

N/	ani	ingi	tic.	ACI	MIV
IVI	еп	וצווו	LIS.	AL	VV T

Vaccine \_\_\_\_ / \_\_\_ / \_\_\_ Type \_\_\_\_\_ (refer to enclosed guidelines)

\*One dose of MenACWY for newly enrolled full-time students 21 years of age and younger (<22 years of age) received on or after the 16th birthday, regardless of housing status or signed waiver (on page 12).

Measles - Mumps - Rubella (MMR) (Two doses required)

MMR#1: \_\_\_\_ / \_\_\_ / \_\_\_ (First dose must be after age 12 months)

MMR#2:\_\_\_ / \_\_\_ / Must be at least one month after dose #1)

Measles vaccine #1:  $\underline{\phantom{a}}$  /  $\underline{\phantom{a}}$  /  $\underline{\phantom{a}}$  /  $\underline{\phantom{a}}$  #2:  $\underline{\phantom{a}}$  MM /  $\underline{\phantom{a}}$  /  $\underline{\phantom{a}}$  /  $\underline{\phantom{a}}$  /  $\underline{\phantom{a}}$  YY

 $\frac{\text{Mumps vaccine #1:}}{\text{MM}} / \frac{1}{\text{DD}} / \frac{1}{\text{YY}} \qquad \text{#2:} \frac{1}{\text{MM}} / \frac{1}{\text{DD}} / \frac{1}{\text{YY}} \qquad \qquad \frac{\text{Rubella vaccine:}}{\text{Rubella vaccine:}} \frac{1}{\text{MM}} / \frac{1}{\text{DD}} / \frac{1}{\text{YY}}$ 

☐ Positive Blood Titers: (attach copy of lab results)

Hepatitis B (Three doses required)

#1: / \_\_\_ / \_\_\_ / \_\_\_ #2: \_\_\_ / \_\_\_ / \_\_ (Must be at least one month after dose #1) #3: \_\_\_ / \_\_\_ / (Must be at least two months after dose #2 and four months after #1)

□ Positive Blood Titer: \_\_\_\_ / \_\_\_ / \_\_\_ (attach copy of lab results)

Varicella (Two doses required)

#1:\_\_\_ / \_\_ / \_\_ #2:\_\_ / \_\_ / \_\_ □ Varicella

□ Positive Blood Titer: \_\_\_\_ / \_\_\_ / \_\_\_ (attach copy of lab results)

Influenza (One dose required)

\*One dose: seasonal influenza vaccine for the current flu season (September-October) must be received annually by December 31st. New students entering between January 1st and March 31st must have received a dose of vaccine for the current flu season for entry.

Health Care Provider (please print)

Address

Phone/Fax

Provider's Signature

Healthcare provider signature or stamp: \_\_\_

Date:  $_{\overline{\text{MM}}}$  /  $_{\overline{\text{DD}}}$  /  $_{\overline{\text{YY}}}$ 

Student Nan	ne:							
PART 1: TUI	BERCULOSIS (	(TB) SCREENI	NG QUESTIC	NNAIRE (to	be completed	by incoming stu	dent)	
Please ans	swer the foll	owing aues	tions:	,	,	, ,	,	
		• .		s, please refe	r to Section B in	part 2 below		🗆 No 🗆 Y
2. Have you e	ver had close co	ontact with pers	sons known or	suspected to	have active tub	erculosis (TB)?		🗆 No 🗆 Y
3. Were you b	orn in one of th	ne countries or 1	territories liste	d below?				□No □Y
						es listed below?		
						is Incidence 2018. Countries with		
Afghanistan Algeria Angola Anguilla Argentina Armenia Azerbaijan Bangladesh Belarus	Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon	Congo Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo	Fiji French Polynesia Gabon Gambia Georgia Ghana Greenland Guam Guatemala	Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho	Mauritania Mexico Micronesia (Federated States of) Mongolia Morocco Mozambique Myanmar	Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Portugal	Sao Tome & Principe Senegal Sierra Leone Singapore Solomon Islands Somalia South Africa South Sudan	Tuvalu Uganda Ukraine United Republii of Tanzania Uruguay Uzbekistan Vanuatu Venezuela
Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia &	Central African Republic Chad China China, Hong Kong SAR China, Macao SAR	Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea	Guinea Guinea-Bissau Guyana Haiti Honduras India Indonesia	Liberia Libya Lithuania Madagascar Malawi Malaysia Maldives	Namibia Nauru Nepal Nicaragua Niger Nigeria Nive	Qatar Republic of Korea Republic of Moldova Romania Russian Federation	Sri Lanka Sudan Suriname Tajikistan Thailand Timor-Leste Togo	(Bolivarian Republic of) Viet Nam Yemen Zambia Zimbabwe
Herzegovina Botswana	Colombia Comoros	Eswatini Ethiopia	Iraq Kazakhstan	Mali Marshall Islands	Northern Mariana Island	Rwanda	Tunisia Turkmenistan	
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puncture tests,	such as Tine or Mo	no – Vac are NOT a	accepted.			tration. If no Indurat	ion, mark "0". Res	ults of multiple
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or		•	тепасај			1511111 01 111	lor C	
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Result: (Please	e check approprio	ate response)	□ Negati	ve 🗆	Positive	□ Intermedia	te 🗆 Bor	derline
D D6017	/F 61/15: ====		/F   GB   5 = 1	NUBEC 1 -				
	SITIVE test:					(Mantoux/Intern Mantoux ☐ IGRA	mediate PPD o	r IGRA tests)
2. Chest X-Ra	y: (please check)	□ Normal □	Abnormal		Please	attach a copy of	f the report (no	discs or films)
Describe:								
3. Clinical Eva	aluation: (please	check) 🗆 Norn	nal 🗆 Abnorm	al				
	: (please check)							
Meds, Dose, F	requency, Dates	S:						
	RE PROVIDER nentation of imm		ached, your hea	althcare provic	ler's (M.D./N.P./F	P.A.) signature or s	tamp is require	ed below.



Student Name:

### INFORMATION ABOUT MENINGOCOCCAL DISEASE & VACCINATION FOR STUDENTS AT SCHOOLS & COLLEGES

### FULL-TIME STUDENTS: Waiver is on page 12. Read and retain a copy of pages 11-12.

**Colleges:** Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., colleges) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver on page 10 of this form. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

### What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitides*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 1,000–2,000 people get meningococcal disease each year and 10–15% die despite receiving antibiotic treatment. Of those who live, another 11–19% loses their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long term neurologic problems, or suffer seizures or strokes

### How is meningococcal disease spread?

These bacteria are passed from person to person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3–6 feet of someone who is infected and is coughing and sneezing.

### Who is at most risk for getting meningococcal disease?

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during and outbreak. People who live in certain settings such as college freshmen living in residence halls and military recruits are also at greater risk of disease.

### Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls and dormitories are at increased risk for meningococcal disease caused by some of the serotypes contained in the quadrivalent vaccine, as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (alcohol consumption, exposure to cigarette smoke, sharing food and beverages, and activities involving exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.

### Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. Students receiving their first dose on or after their 16th birthday do not need a booster. Individuals in certain high risk groups may need to receive 1 or more of these vaccines based on their doctor's recommendations. Adolescents and young adults (16-32 years of age) who are not in high risk groups may be vaccinated with meningococcal B vaccine, preferably at 16-18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

### Is the meningococcal vaccine safe?

A vaccine, like any medication, is capable of causing serious problems such as severe allergic reactions, but these are rare. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last 1–2 days. A small percentage of people who received the vaccine develop a fever. The vaccine can be given to pregnant women. Anyone who has ever had Guillain-Barré Syndrome should talk with their provider before getting meningococcal conjugate vaccine.



### Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges?

Massachusetts law (MGL CH. 76, s.15D) and regulations (105 CMR 220.000) requires both newly enrolled full-time students attending a secondary school (those schools with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., colleges) to receive a dose of quadrivalent meningococcal vaccine.

At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. Secondary school students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past, unless they qualify for one of the exemptions allowed by the law. College students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirement for receipt of meningococcal vaccine. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Exemptions: Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/ her sincere religious belief; or 3) the student ( or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

### Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of these vaccines. Schools and college health services are not required to provide you with this vaccine.

### Where can I get more information?

MDPH Meningococcal Information and Waiver Form 01/18

- · Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at 617-983-6800 or www.mass.gov/dph/imm and www.mass.gov/dph/epi

Provided by: Massachusetts Department of Public Health, Division of Epidemiology and Immunization: 617-983-6800,

Provided by: Massachusetts Department of Public Health, Division of Epidemiology and Immunization: 617-983-6800,

• Your local health department (listed in the phone book under government)

MDPH Meningococcal Information and Waiver Form 01/18	
Student's Name:	
Read meningococcal disease information on pages 11 and 12 before signing.	
WAIVER FOR MENINGOCOCCAL VACCINATION REQUIREMENT I have received and reviewed the information provided on the risks of meningococcal disease and the rof quadrivalent meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled for 21 years of age and younger at secondary schools, colleges, and universities to receive one dose of Menadministered on or after their 16th birthday, unless the student provides a signed waiver of the vaccina qualify for one of the exemptions specified in the law.	ull-time students nACWY vaccine
☐ After reviewing the information on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.	of the
Student name: Date of birth: / / Student I	D #:
Signature: Today's date: / /	
(Student, or parent/legal guardian if student is under 18 years of age) MM DD YY	

Please return to Health Services

@ 118 Beacon Street, Boston, MA 02116

Please return directly to Fisher College Health Services.

www.fisher.edu
Fisher College

				Date of Birth:	
Height	Weight		_ BP	Pulse	
Hearing: Right	Le	ft			
Vision: Without correct	tion: Right 20/	Left 20/	With correction:	Right 20/	Left 20/
vision. Without correct	LIOTI, MIGHT 20/	Left 20/	. With correction.	Nigi It 20/	
Color vision normal: 🔲 `	Yes 🗌 No				
The Athletic Trainer may h	nave access to t	he physical examination	report of students w	ho elect to particip	ate in athletics.
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HEENT					
Lungs/Chest					
Breasts				_	
Heart/Vascular System				_	
Abdomen (rectal if indicated)				_	
Genito-urinary/Reproductive					
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### STATEMENT OF INSURANCE COVERAGE

Massachusetts law requires that all college students enrolled in 75% of full-time curriculum in Massachusetts higher education institutions have health insurance with specific minimum standards in place beyond emergency services, such as preventative care, both in-patient and outpatient care with modest deductibles or co-pays, surgical coverage, and ambulance service to an ER. Plans must be Affordable Care Act compliant. Due to this regulation, Fisher College cannot accept the following types of policies:

- 1. Foreign health plans
- 2. Hospital-based "Free Care" plans
- 3. Out-of-state Medicaid plans

Students who are at least 75% of full-time are automatically enrolled in and billed for the Fisher College Student Health Insurance Plan (FSHIP). Students may opt out of the FSHIP by completing their online waiver indicating that they have comparable coverage under another insurance plan prior to the waiver deadline date.

Insurance waivers must be completed each academic year. For fall enrollment, waivers must be completed by August 2. For newly enrolled students in the spring, waivers must be completed by January 3. If you miss the waiver period, you will be automatically enrolled in and billed for the FSHIP.

You will be able to find our updated insurance waiver at www.fisher.edu/student-life/health-and-wellness/insurance. If you have any questions, please contact our college nurse by email at healthinsurance@fisher.edu.

### LIFE AT FISHER

Fisher has opportunities for everything you're interested in for both commuters and residents. We have over twenty on campus clubs and organizations. Don't see what you're looking for? Start your own! You can immerse yourself in the arts or volunteer for countless service projects. You can cheer on the Red Sox at America's oldest ballpark or attend one of the dozens of cultural events happening daily throughout the city. Boston's unique neighborhoods are only a quick T ride away, start exploring!

### A GLOBAL CAMPUS

As the world evolves into one global community, employers value a culturally literate workforce now more than ever. That is why Fisher College partners with a number of programs and universities to help you expand your horizons through an unforgettable study abroad experience. Students who choose to study abroad set themselves apart through cultural immersion and character-building experiences that develop resilience and flexibility — while making life long friendships and memories in the process.

### FISHER, WITH HONORS

For students with the strongest academic credentials, we offer an innovative Honors Program designed to enhance your Fisher education. With this offer, you will be given exclusive course options, additional individual meetings with professors, and unique extracurricular opportunities. Students enrolled in the Honors Program also qualify for a Fisher College Honors Program Scholarship of \$2,000 each year.







### Fisher Falcons: True to Our Spirit

### **MEN'S SPORTS**

- Baseball
- Basketball
- Cross Country
- Soccer
- □ Volleyball

### **WOMEN'S SPORTS**

- Basketball
- Cross Country
- □ Soccer
- □ Softball
- Volleyball

### **OUR ATHLETIC PROGRAMS**

At Fisher, athletics offer one more way for our students to develop qualities they need to succeed in their careers and lives. Our Department of Athletics offers ten National Association of Intercollegiate Athletics (NAIA)-affiliated varsity sports, including men's and women's soccer, men's and women's basketball, men's and women's cross country, men's and women's volleyball, softball, and baseball.

### **CONNECT WITH US**

To stay connected and keep up-to-date with the Fisher Falcons and our athletic community, follow us on social media. Visit the Falcons website for game schedules and athletics information for our programs:

www.fisherfalcons.com





facebook.com/fishercollegeathletics















## Your Housing at Fisher

### IMPORTANT INFORMATION FROM THE OFFICE OF HOUSING AND RESIDENTIAL LIFE

At the Office of Housing and Residential Life, we are eagerly anticipating your arrival at Fisher College. To help us make your housing assignment, we have included information about housing at Fisher College as well as a number of forms for you to review and return as soon as possible. These forms include:

### ☐ HOUSING AGREEMENT

This agreement establishes a mutual understanding between you (the student) and the College about the policies you will need to follow while living in Fisher College's residential community.

### ☐ HOUSING INFORMATION QUESTIONNAIRE

Our office uses this questionnaire to assist us as we assign you a roommate. You should include detailed information about yourself on this form. This is an effective way to help us identify a roommate with whom you may be compatible—so please complete this form completely and honestly.

### On-campus housing is in high demand. Housing assignments will be made based upon:

- When we receive your \$500 deposit, housing agreement, and housing preference questionnaire.
   For priority Beacon Street housing, all deposits must be received by May 1 for the Fall semester and December 1 for the Spring semester. All housing assignments are made based on deposit date and availability.
- 2. Your tuition, room, and board charges being paid in full.
  Your housing assignment will not be finalized until Fisher College receives documentation that arrangements have been made to pay for all charges owed to the college. We cannot make exceptions.

### ☐ SUGGESTED ITEMS TO BRING TO CAMPUS

To help you decide what to bring to your new home at Fisher, we've included this useful guide created by current students. Please pay special attention to items that are prohibited on campus.

If you have any questions or concerns about living on campus at Fisher College, or questions regarding housing placement and the information you have provided on your application, we welcome you to contact our office at **617-236-8828** and ask to speak with the Director of Housing or Resident Director or via email at **housing@fisher.edu**. You may also complete your housing application online at **https://www.fisher.edu/student-life/residential-life/housing-application**.

### **HOUSING APPLICATION**

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	First		Month Day Ye
ddress:	Street and Number		
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### **HOUSING APPLICATION**

### Please answer the following questions as honestly as possible to assist in selection of roommates.

Housing assignments are made according to the day which your housing deposit is received and are based on the survey below:

1. Legal Sex:	OPTIONAL ASSIGNMENT QUESTIONS
Gender Identity: ☐ Male ☐ Female ☐  2. Please state your preference for a residence hall:	Do you have a physical disability related to your housing needs that you would like to disclose?
<ul> <li>I prefer to live in a co-ed residence hall if space allow (co-ed halls house both men and women).</li> </ul>	Yes No
<ul> <li>I prefer to live in an all-female residence hall if space a</li> <li>I prefer to live in an off-campus residence hall (if available).</li> </ul>	lows.  What social activities and hobbies interest you most?
3. Have you ever lived in a residence hall?  ☐ Yes ☐ No	
<ul><li>4. Does noise affect your ability to study or sleep?</li><li>☐ Yes</li><li>☐ No</li><li>☐ Sometimes</li></ul>	
5. When is your best time for studying?	☐ It is important to me that my roommate identifies as an  Ally¹ or Member of the LGBTQ+ community.  1. An Ally is defined as a student who supports the LGBTQ+ community  regardless of one's own sexual orientation, gender identity, etc.
6. How much time do you expect to spend studying each	day? Do you intend to play an official sport while at Fisher?
	── Yes □ No
7. On weeknights, I typically go to bed:	If you checked either box above, please indicate which sport:
☐ Before midnight ☐ After midnight	☐ Women's Basketball ☐ Men's Basketball
8. On week mornings, I typically rise:  □ Before 8 am □ After 8 am	☐ Women's Cross Country ☐ Men's Cross Country
Do you prefer to sleep with the windows:	☐ Women's Soccer ☐ Men's Soccer
□ Open □ Closed	☐ Women's Volleyball ☐ Men's Volleyball
10. Typically my room is:	□ Softball □ Baseball
11. Is there any reason you should not be climbing stairs?  ☐ Yes ☐ No	
12. If you have a roommate request, please indicate the individual's name and cell phone number (if available) the space below. If all parties requesting to live together not indicate one another the request may not be honored	do
- Name	<u> </u>
Cell Phone #	
13. Emergency Contact:	
Name	
Cell Phone #	FISHER COLLEGE
 Relationship	Fisher College Housing and Residential Life

### Fisher College Housing Agreement

**THIS AGREEMENT** between Fisher College (referred to as College), and a student of the College (referred to as Student), is effective on the date indicated in the current rate schedule. If Student is under eighteen (18) years of age, Student also refers to the identified party's parent(s) or legal guardian(s) who assume the obligations imposed by the conditions and covenants in this agreement.

Fisher College respects the privacy of all students and will make every effort to ensure the information provided by the Housing Application remains confidential. If a student does self-identify and requests assistance, Housing and Residential Life will not require that the student provide more information that the student is comfortable providing. Furthermore, all information will be kept confidential and will only be used for purposed designated by the student.

### **WITNESS**

- I. College agrees to provide Student with an accommodation (referred to as Premises) consistent with the conditions and covenants in this agreement and based on space availability.
- II. Student agrees to pay College the current rate (contact Housing and Residential Life) for permission to reside on Premises for the academic year (fall and spring terms). Charges for the Fall Semester must be paid-in-full no later than August 2 and no later than January 3 for the Spring Semester. Rates are subject to annual approval and increase by Fisher College.
- III. The term of this agreement will begin on the weekend prior to classes for the specified Fall term and will remain in effect until the day of the Student's last Spring term examination or Spring graduation date if Student is among those Students scheduled, in advance, to graduate. The months of May (period following Spring term graduation), June, July and August (period prior to the weekend preceding Fall term classes) are not included in the term. Summer Supplemental Term Agreements, at additional cost, are required for occupancy during these months for all available accommodation types. No accommodations will be available during the time between academic terms for all residence hall Premises (Winter Break).
- **IV.** The institutional rules contained in the Student Code of Conduct and Fisher College Catalogue are incorporated by reference into this agreement.
- V. The following covenants are incorporated into this agreement:
  - 1. Conditions of the Agreement. Student must be officially admitted and enrolled in full-time day school at College to live on-campus, and must checkout of the campus accommodation within twenty-four (24) hours if he/she withdraws from or fails to be admitted to the College. Part-time Students may be permitted to live on the Premises at the discretion of Director of Housing and Residential Life or her designee. Students who drop below full-time during the academic year should not assume they will be released from the obligations of the agreement. Student agrees to comply with the terms and conditions contained in the agreement, all College rules regulating the conduct of Students, and any policies or regulations which may be adopted and/or published by College during the term of the agreement. Modifications to the agreement are valid only if confirmed in writing, and approved by the Director of Housing and Residential Life or designee.
  - 2. Term of Occupancy. This agreement is effective for a complete academic year (fall and spring terms) or as much of the indicated period remaining in the academic year when Student is assigned. The effective dates for the academic year are determined by the official College calendar as published in the Fisher College Catalog. Terms of Occupancy are subject to change due to the COVID-19 pandemic.

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- A. Fall and Spring Terms. Student agrees to reside on the Premises for both the Fall and Spring terms, provided the Student enrolls in the College for both terms. Fall housing fees are due and must be paid during the fee payment period at the beginning of the Fall term. Spring housing fees are due and must be paid during the fee payment period at the beginning of the Spring term.
- B. Spring Term Only. Student who enrolls for the Spring term only, or who initially applies for accommodations for the Spring term, agrees to reside on Premises throughout the Spring term. Spring term housing fees are due and must be paid during the fee payment period at the beginning of the Spring term. Spring housing fees will not be canceled unless Student is eligible for early release from the agreement only as provided in subsection (15) of this agreement.
- C. Summer Supplemental Terms Only. Summer Supplemental Term Agreements are available at additional costs with restrictions. (See the particular agreement for other circumstances.) Agreements entered into at any time after the beginning of the Fall term will continue in effect until the close of the effective dates under the same conditions as expressed in (A) and (B) above.
- 3. Application Process and Fees. Student must apply for permission to reside on campus by returning a completed application signed by Student, Student and/or parent or guardian (if applicable) indicating acceptance of the terms of the agreement. At the time of application for housing, Student must also submit an enrollment deposit in the amount of \$500.00 (subject to change each academic year). (See current rate schedule or call Housing and Residential Life, 617-236-8828, for additional information.) This deposit is refundable prior to check-in period according to the following schedule. All cancellations must be submitted IN WRITING to Housing and Residential Life, 118 Beacon Street, Boston, MA 02116 or by fax to 617-670-4425.

### A. Academic Year (Fall and Spring) Applications:

Cancellations Postmarked on or prior to	Deposit Refunded
May 1st	\$ 500.00
After May 1st	\$ 0.00

B. Spring Term Only Applications:

Spring ferm Only Applications.	
Cancellations Postmarked on or prior to	Deposit Refunded
December 1st	\$ 500.00
After December 1st but prior to the first check-in da	y in January \$ 0.00

- C. Accessibility Accommodations. Students who have a documented disability may be eligible to receive reasonable accessibility accommodations. The Request for Services form is available through the Office of Student Accessibility Services (OSAS). The deadline to request for the Fall semester is May 1. The deadline to request for the Spring semester is December 1.
- 4. Mandatory Board Plan. Students residing on campus agree to purchase an approved, required board plan.
  - A. Special Dietary Needs. Students participating in the mandatory board plan who have medical conditions requiring special dietary considerations must provide appropriate medical documentation to Aramark Dining Services (118 Beacon Street, 617-424-9094). Refunds or reduced rates based on dietary needs are not available. If a Student moves out of housing and continues as a commuter student, the meal plan may be used depending on whether or not the student received a refund in accordance with the refund schedule.
- **5. Premise Assignments.** College reserves the right to make all Premise assignments, and to make any changes or transfers at College's discretion. Student also understands and agrees that:
  - A. College is prohibited from making assignments based on age, race, religion, sexual orientation or ethnicity.
  - **B.** College does not guarantee assignment to a particular building, type of accommodation, or (where applicable) specific roommate(s).
  - C. Assignments will be made by date of receipt of the completed application and \$500 deposit, and by space availability.

- D. Student may not change accommodation without written authorization from College. Requests for change must be on file with Housing and Residential Life, 118 Beacon Street, Boston, MA 02116. Student requests for assignment changes made while in residence and not honored within 30 days of the written request will be considered void.
- E. Premises may not be sublet, and only the persons assigned by College may reside on Premises.
- **F.** Student shall use and occupy the Premises to which they have been assigned exclusively as a residence for themselves.
- G. Smoking is not permitted on Premises. A designated area for smoking is located outside behind 116 Beacon Street.
- H. Student agrees to accept accommodation assigned, including assignment to temporary housing and off-campus accommodations.
- 6. Furnishings. Residence Halls will be furnished. Furnishings cannot be removed from the assignment location.
- **7. Utilities.** All utilities are provided at all assignment locations.
- **8. Right of Entry.** Student agrees to permit College to inspect the Premises for purposes of inventory, fire protection, sanitation, safety, maintenance and enforcement of College rules, as they now exist or may be, hereafter, amended during the term of this agreement.
- 9. Responsibility and Personal Property. College assumes no responsibility for the theft, destruction or loss of money, valuables or other property belonging to, or in custody of, Student for any cause whatsoever, whether such losses occur in living spaces, storage rooms, public areas, elsewhere in the accommodation or in baggage related to shipment or storage. Student is encouraged to carry personal property insurance.
- **10. Mail.** Students should check campus mail and email boxes regularly since most College correspondence to Student is sent through campus mail. Student is responsible for appropriately responding to instructions delivered through campus mail and email.
- **11. Security Precautions.** Student is responsible for taking or refraining from the following actions in the interests of safety and security of building residents:
  - A. Fire Safety. Student will not tamper with fire alarms, extinguishers, hoses, or exit signs. Student will evacuate the building immediately upon sounding of an alarm or as otherwise directed by housing staff or Campus Police. Student will not store or lock anything on or immediately adjacent to (within two feet of) electrical meters or conduit to/from these meters.
  - B. Visitors. Student agrees to the following conditions with regard to guests or visitors:
    - 1. Student will advise visitors or guests to enter only by main entrance to building where entrance is a central location.
    - 2. Overnight guests are permitted, but must register with Campus Police. Any overnight visit by a guest must be approved in advance and in writing by all roommates of the room and be approved by the Residence Director on duty by 4 pm. Student must escort his/her guest(s) during the visit at all times, and will be held responsible for their guest's conduct.
    - 3. Guests must adhere to all College rules and policies regulating visitation.
    - 4. No overnight guests are permitted the first two weeks of each semester and during final exam periods.
  - **C. Keys.** Accommodation keys are the property of College and Student is not permitted to have duplicate keys made. If a key is lost, the following guidelines for replacement are applicable:
    - 1. A lost key will require a change of lock and core replacement with appropriate charges assessed to Student's account.
    - 2. Student is not permitted to share or loan key(s) with another Student or individual.
    - 3. If a key is not returned when the Student vacates the premises, appropriate charges will be taken from the Student's deposit or charges will be assessed to the Student's account.

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- D. Fisher College Student ID Cards. ID cards are the property of the College and must be carried at all times by Student when on Fisher College premises. Student must present Fisher College ID to Campus Police and/or College staff each time they enter the premises or are requested to present ID. Fisher College ID must be used to purchase meals in the dining hall. The Fisher College ID is non-transferable. Lost ID cards must be reported to Campus Police immediately.
- **E. Soliciting.** No solicitation is permitted on College property. Student is required to notify Campus Police at 617-236-8880 of violations.
- F. Students must also register their cellular phone with the College if you will be using it as your main contact number.
- **12. General Regulations pertaining to Community Welfare.** The following general regulations should be noted:
  - A. Inspections. Safety inspections will be conducted monthly in all Premises by Housing and Residential Life staff.

    Maintenance inspections will be conducted periodically. All inspections will be conducted by College personnel during reasonable hours. Premises must be cleaned regularly and maintained by Student so as not to attract pests or create any other health or safety hazard.
  - B. Business. Students shall not pursue any business on Premises.
  - C. Construction. No outdoor/indoor construction of any type is allowed without prior consent of the College.
  - **D. Disease.** Student will report immediately to Fisher College Health Services any infectious or contagious disease occurring within the accommodation.
  - E. Disturbances. Student will not conduct or permit loud activities or in any manner create disturbances which cause annoyance or discomfort to other resident(s) or the surrounding community. Student will not permit Premises to be used for illegal purposes.
  - **F. Storage.** Storage of all household or personal property outside of dwelling units shall be in such manner as prescribed by the College. Hallways and bathrooms are to be kept neat and not used for storage.
  - **G. Background Checks.** The College reserves the right to conduct criminal and/or disciplinary background checks on all students attending Fisher College.
- 13. Prohibited Items. Student agrees the following are not allowed on Premises:
  - A. Pets. No pets are permitted on Premises, except that Student may keep fish in aquariums of one gallon or less.

    Student must make appropriate arrangements for care and feeding of fish during periods of absence from Premises.

    College will not assume responsibility for feeding fish or otherwise maintaining aquarium.
  - **B.** Cooking Appliances. Residence halls allow only approved refrigerators (weighing less than 50 pounds, less than 2.5 cubic feet in size and having an amperage draw of 2.5) on Premises.
  - C. Water-filled Furniture. No water beds or other items of water-filled furniture are permitted on Premises.
  - D. Fireworks. The possession or use of any fireworks or any other incendiary devices are not permitted on Premises.
  - E. Weapons. The possession or use of any weapons, including firearms, knives, mace or pepper spray as defined by Massachusetts General Laws Chapter 269 are prohibited. This prohibition is inclusive of individuals who may have obtained lawful permits pursuant to the provisions listed in Massachusetts General Laws. Also, any object deemed to be a weapon by the Chief of Campus Police is prohibited on all College properties. Toy weapons, including water guns, are not permitted.
  - F. Miscellaneous Items. The following additional items are not permitted on Premises:

(Please see the student code of conduct for a complete list of prohibited items.)

- 1. air conditioners/dehumidifiers
- 2. exterior aerials or antennas
- ${\it 3. alcoholic beverages, illegal drugs, or paraphernalia}$
- 4. candles, incense, or open flames
- 5. heating equipment

- 6. halogen lamps, black lights, or string lights
- 7. extension cords
- 8. food preparation appliances
- 9. coffee makers
- 10. drones
- 11. hoverboards, motorized scooters, or skateboards

- **14. Cancellation of the Agreement.** Student or College may cancel this agreement under the circumstances indicated below:
  - A. Prior to the Beginning of Term. If Student completes the application process and is assigned a living space, but does not enroll in classes for the fall and/or spring terms, and fails to properly check-in by 4 pm prior to the first day of classes for any given term, College may cancel the agreement. Student will be considered a no-show subject to forfeiture of his/ her prepayment or the prepayment amount. In cases between terms, where Students' personal items have been stored in the accommodation during a non-contract period, Student will be subject to forfeiture of his/her prepayment, as well as storage fees and associated costs for removal of personal belongings.
  - B. During the Term of the Agreement. The agreement may be canceled consistent with the criteria identified below:
    - 1. If Student officially withdraws from College and has complied with the checkout procedure, College may cancel the agreement for the remaining portion of the term. If Student enrolls for spring term, the agreement will be reinstated and appropriate charges will be assessed to the Student's account.
    - 2. If Student does not plan to enroll at College for the spring term and notifies College in writing by December 1st, the agreement will terminate on the day of students last fall term exam or student graduation date if student is among those Students scheduled, in advance, to graduate. If Student enrolls for Spring term, the agreement will be reinstated and appropriate charges will be assessed to the Student's account.
    - 3. Students who participate in an off-campus academic experience may be eligible for release from agreement, provided the experience requires Student's regular and/or continued presence at a location significantly distant from the campus so as to constitute an undue hardship on Student, to be determined at the discretion of the College. If termination is granted, the agreement will terminate on the day of Student's last fall term exam or graduation date if Student is among those Students scheduled, in advance, to graduate. Students seeking this option must petition for such relief by submitting prior to December 1st an Agreement Cancellation Request form outlining the academic experience, and are required to provide additional supportive documentation from the college and/or the internship site or assignment.
    - 4. In the event the assigned living space is destroyed or otherwise rendered uninhabitable and College does not provide alternative Premises, the agreement will be canceled and housing fees will be refunded on a pro-rated basis.
    - 5. All Students must observe Federal and State laws on and off campus. Any violation of such laws could lead to cancellation of Fisher College Housing Agreement without a refund.
- **15. Room and Board Billing and Refund Policy.** Students who terminate enrollment (including voluntary withdrawals, illness, suspension or dismissal) may be eligible for a refund. Refunds will be determined based on the schedule below. Financial Aid may be applied to all or part of the charges. The withdrawal date is the last date of class attendance as verified by faculty, or the date that the notice in writing is either received by the Vice President for Academic Affairs or postmarked if mailed.

Withdraw Period	Refunded Percentage*
Withdrawal prior to the 1st day of class	100%
Withdrawal during 1st week of classes until Sunday of that week	80%
Withdrawal during 2nd week of classes until Sunday of that week	
Withdrawal during 3rd week of classes until Sunday of that week	40%
Withdrawal during 4th week of classes until Sunday of that week	
Withdrawal during and after the 5th week of classes	

<sup>\*</sup> The percentage will be applied to semester charges excluding initial deposit of acceptance, resident hall damage deposit, dorm activity fee, and the additional double or single room charge.

Room & board refunds are not available to students who remain enrolled in the college and change their residency from on-campus housing to commuter status following the start of the semester.

### 15. Room and Board Billing and Refund Policy. (continued)

For enrolled students wishing to change residency from commuter status to on-campus housing during the semester:

- **A.** Full semester room & board charges will be applied if a student moves to on-campus housing up to the period ending 30 days from the beginning of the semester.
- **B.** For students wishing to enter residency after the first 30 days of the semester, the full semester charge will be prorated daily from the date of occupancy to the last day of the semester (from day 31 to the end of the semester).
- C. All resident students will be required to maintain the full room deposit regardless of the period of residency.
- **16. Check-out Procedure.** Student agrees to comply with directions provided by College regarding proper check-out procedures, including but not limited to the following:
  - A. Student must check out in person and return the Premises key and (where applicable) resident student ID.
  - **B.** Student agrees to clean Premises and store or remove all personal property. Student understands and agrees all personal property remaining on the Premises will be removed and/ or discarded at Student's expense. College assumes no liability for personal property left on the Premises after Student has checked out or otherwise vacated the Premises. Student agrees to pay applicable charges related to cleaning and/ or removal of personal property.
- **17. Room and Public Area Damage.** Student will complete a Room Inventory Form at the time of check-in and will be held responsible for damages to his/her individual living space and to public areas consistent with the following criteria:
  - **A.** Student is responsible for damage to living space and furnishings. Damages beyond ordinary wear and tear will be assessed to the responsible party.
  - **B.** Furnishings cannot be removed from assigned accommodation or public areas. Student responsible for loss or removal of furniture will bear the cost of replacement.
  - **C.** In the event culpability for damage to public areas/furnishing cannot be attributed to specific individuals, all residents assigned to and responsible for the area will share the cost of replacement and/or repair.
  - **D.** A minimum charge of \$1.00 per resident for each occurrence of damage/loss will be assessed to the appropriate Student account.
- **18. Entire Agreement.** This agreement and the other documents incorporated by reference contains all terms between the parties and may be amended only in writing.

THIS AGREEMENT FOR PERMISSION TO LIVE IN A RESIDENCE HALL AT FISHER COLLEGE IS FOR THE FULL ACADEMIC YEAR OR REMAINING APPROPRIATE PORTION THEREOF.

☐ By checking this box, I confirm that I have read all the information understand all terms and provisions of the agreement.	n in the <b>Fisher College Housing Agreement</b> and I fully
Student Signature:	Date:

## Moving on Campus — Things to Bring

Residence hall rooms vary in size, but a typical room may be as small as 10 feet by 12 feet. As a general rule, when thinking about what to bring to campus, please bring what you need to feel at home, while at the same time remembering that your roommates will be doing the same thing.

### THINGS THAT ARE <u>NOT</u> ALLOWED:

- » Air conditioners/dehumidifiers
- » Alcohol/empty containers
- » Candles/incense/wax melters
- » Drugs/paraphernalia
- » Weapons (including Mace) and toy guns
- » Halogen lamps, black lights, and string lights
- » All cooking appliances, including George Foreman grills, Keurig, hot pots, toasters, blenders, smoothie blenders, etc.
- » Microwaves
- » Extension cords
- » Heaters
- » Furniture, including ottomans, chairs, or pressed board trunks
- » Drones
- » Hoverboards/motorized scooters/skateboards
- » Smoking materials, including e-cigarettes and vapes

### THINGS YOU <u>MAY WANT</u> TO BRING TO FISHER:

- » Twin sheets, bedding, pillow, mattress pad
- » Toiletries/towels/washcloths
- » Clothing
- » Auto-off iron/ironing board
- » Television/DVD player
- » Plastic under-bed storage containers
- » Flashlight
- » Laundry/cleaning supplies
- » Class supplies
- » Computer/supplies
  - » Cat 5e Ethernet cable for wired internet access (15 to 25 feet long)
  - » Coaxial cable for Cable TV (15 to 25 feet long)
- » Trash can
- » First aid supplies/prescription medications
- » Room lighting (non-halogen)
- » Book bag
- » Shower caddy for carrying toiletries to the shower
- » Power strips
- » Refrigerators bearing the U.L.-approved seal and up to, but not exceeding, 24"x 24" are permitted in student rooms.
  - » In single/double rooms: 1 refrigerator/1 TV permitted
  - » In triple/quad rooms: 2 refrigerators/2 TVs permitted

# Fisher College | Pre-Enrollment Guide

### Wired for Learning

### COMPUTER AND INFORMATION SERVICES AT FISHER

At Fisher College, our Department of Information Services keeps us plugged in by maintaining the College computing and communications systems. We work together with the entire campus community to provide a stable, productive, secure computing environment that enables learning and discovery in our innovation-driven world.

### **NETWORK, LOGIN, AND EMAIL**

Each enrolled student will be granted both email and network accounts. Usernames, passwords, and connection details will be distributed at New Student Orientation.

Your email address will generally be in the form of:

<first initial><last name>@fisher.edu.

In a few instances, there will be a slight variation from this format. For example, if Fisher College has three people named J. Smith, then one will be jsmith, another will be jsmith01, and the last will be jsmith02.

Email can be sent and received at www.outlook.com/owa/fisher.edu.

### **BASIC COMPUTER REQUIREMENTS**

To be allowed on the Fisher College Network, all student computers need to follow these basic connection requirements:

- ☐ A laptop or desktop computer, tablet, or smartphone
- ☐ Operating system support for TCP/IP and DHCP
- ☐ Ethernet Network Interface (wired or wireless) compatible with your computer and operating system
- Active and updateable antivirus software (required on Windows computers and recommended on Apple computers)
- ☐ Valid operating system

### **COMPUTERS ON CAMPUS**

Almost all modern operating systems will work on the Fisher campus. We recommend Microsoft Windows 10, Apple OS X (10.7 and higher), or LINUX/UNIX kernel v3.0. Windows XP and Windows 7 are no longer fully supported, and we recommend that, if at all possible, you upgrade to Windows 10 (this may require a computer upgrade as well).

### **CABLE TELEVISION**

The College provides a basic cable television package from RCN (www.rcn.com/boston). The channel listing will change occasionally, but is typical of cable companies' standard "residential" offerings. "Premium" channels are not available. Roommates need to provide a cable-ready television and connecting cable (standard RG-58 coax CATV). Our distribution system uses converter boxes provided by RCN, and programmed by RCN to function only in their assigned port. Please do not move the cable boxes to other rooms or ports! If you do so, you will lose television connectivity and will need to contact the IS office for assistance.

Cable boxes can be picked up at the IS office (118-41) at anytime during office hours. One cable box is permitted per room.

### **MICROSOFT OFFICE 365**

Each student can download and install the Microsoft Office suite from their college email address. The suite can be installed on up to 3 devices and includes Word, Excel, PowerPoint, Outlook, Publisher, and OneNote. Students also have access to the web versions of Office365 from their email accounts.



### **CONNECTING TO THE NETWORK**

The College offers a wired network connection to residence hall students. Students need to provide their own computers, software, and hardware to connect to the network, and will be required to follow some basic security guidelines to use the network. We use a standard TCP\
IP network with hard-wired connections in each room, so nearly all personal computers will be compatible.

To support wired network connections, your residence hall room will have sufficient Ethernet outlets or "ports" for each roommate. To connect, you will need to provide your own Cat5 or Cat5e cable, terminated with RJ-45 connectors, long enough (we recommend a 15' to 25' long wire) to safely span the distance between your computer and the outlet. These cables are readily available from most computer, electronics, and office supply retailers.

### **WIRELESS ACCESS**

The College also offers wireless access throughout the campus. Should you find any "dead" spots, please contact the IS office.

You will need an 802.11 (a, b, g, n, and ac will all work) wireless network card to gain access.

### **COMPUTER LABS**

The College maintains computers and laser printers for student use in four computer labs. The labs are located in the Library (rooms 118-20 and 118-31), the Academic Support Center (Mall-05), computer labs 108-23 and 118-43. The 108-23 computer lab is open 24 hours a day, seven days a week. The computers are installed with Microsoft Windows 10, Microsoft Office 2019, Edge, and Google Chrome web browsers, and any applications required for assigned classwork. All of the campus computers have Internet access.

### **HELP DESK**

The Information Services Help Desk is located at room 118-41. We are open Monday to Friday 9 am to 5 pm. We can assist you with your personal computer issues, password resets, account log-on problems, and other computer and technological problems.

Our office includes 4 college lab computers, as well as a color printer/scanner/copier for student use.

You can also reach us by phone at **617-236-5464** or email **is-team@fisher.edu** if you have any questions or problems.

### STAYING SECURE WHILE ONLINE

The Internet is plagued by a growing number of computer viruses and worms. The most dangerous of these threats can modify or even delete data from your computer, while even the most benign can so severely affect the performance of a computer or network it becomes virtually unusable. Because it is possible for only a few infected systems to overwhelm the entire network we maintain a firewall on the network that will not allow connections to many network services (file-sharing and gaming services especially). We do this to address security and bandwidth concerns. Although we strive for balance between security and convenience, please contact the IS Department if you need adjustments, and we may be able to accommodate you.

### **ANTIVIRUS SOFTWARE AND SYSTEM UPDATES**

We require each computer to have up-to-date antivirus software and operating system patches installed. We have found Sophos (www.sophos.com) to be one of the most effective and easiest to use.

For students using Windows, we recommend that they use the built in **Windows Defender Antivirus** (comes included with Windows 10).

Most new computer systems are sold with antivirus software installed, but they may have a short-term subscription. Check your expiration date! Antivirus software can usually be configured to automatically check with the manufacturer for updates when an Internet connection is available. Whether it's an automatic or manual process on your computer, it should be completed (and verified) at least once per week. The software should also be configured to scan all files whenever they are accessed. For additional peace of mind, a "complete system scan" should be run periodically.

Many of the viruses and worms now available take advantage of flaws in popular operating systems (Microsoft Windows, Android, Apple/Mac, LINUX). To prevent their spread (and intrusion on your computer), you need to keep your system up-to-date. Microsoft offers a "Windows Update" system accessible through the program menu or the control panel. Apple also provides operation system updates that are accessible through software update (10.9 and lower) or the App Store (10.10 and higher). These systems can be configured to automatically update your computer when an Internet connection is available, or can be run manually. Either way, you should check for updates at least once each week. Some LINUX vendors offer similar services, but their use varies widely.

There are a few additional things you should do on a regular basis to maintain the utility and security of your computer:

- ☐ If you use Microsoft OS, make sure your operating system can be updated! If the system has not been "activated" with Microsoft and you do not have a valid registration key, it cannot be patched and we will not allow it on the network. You will need to purchase a valid system license before we will allow network access.
- ☐ Make sure you have installed the latest operating system updates.
- ☐ Make sure your antivirus software is updated and that it will be updateable for at least the duration of the semester. If you need to resubscribe to an update system, try to do so before you arrive on campus.
- ☐ Run a complete (all files, all hard drives) antivirus scan just before bringing your computer in for inspection.

### **Ouestions?**

The Department of Information Services is here to help. Please feel free to call us at 617-236-5464 or email us at is-team@fisher.edu. Our Office is located in Building 118 room 41 and our hours are 9 am to 5 pm, Monday–Friday.

## Affording Your **Education**

### STUDENT TUITION AND FEES

A Fisher College education offers career preparation and personal growth that lasts a lifetime. To make college accessible for all students accepted to Fisher, we provide generous financial aid options—including scholarships based on financial need and academic merit, along with access to a range of loan programs. To learn more about your financial aid options, contact our Office of Financial Aid at 617-236-8821.

### ESTIMATED DAY DIVISION TUITION, ROOM/BOARD, AND FEES 2021–2022 ACADEMIC YEAR

### **REQUIRED EXPENSES**

Annual Tuition
74111441 74111011 1111111111111111111111
Annual Room and Board**
Comprehensive Fee
Residence Hall Security Deposit \$500.00
Dorm Activity Fee\$50.00
Health Insurance*** \$2,925.00 est.
Commuter Deposit \$200.00
Total Annual Cost Resident\$54,075.00
Total Annual Cost Commuter\$36,525.00

<sup>\*\*</sup> If a student requests a single or double room, additional (nonrefundable) charges of \$2,000 and \$1,000, respectively, will be incurred.

The charge for tuition, room, and board is an annual fee and is due in payments on August 2, 2021; and January 3, 2022. Payment may be made by cash, check, wire transfer, money order, or credit card (MasterCard, Visa, Discover, American Express). Students may also participate in the Fisher College Payment Plan available through the College Bursar. International students must show funds available in excess of \$55,000 to obtain an I-20 from Fisher College.

### **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 and 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 Director of Human Resources, Fisher College, 118 Beacon Street, Boston, MA 02116.

<sup>\*\*\*</sup> May be waived for domestic students. All international students must purchase the Fisher College health insurance plan at an additional charge. (Estimated Cost)

### **NOTES**

### **IMPORTANT CONTACT NUMBERS**







