



FISHER COLLEGE

Course Registration Form Spring 2020

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

METHOD OF PAYMENT:

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

- Credit Card Number: _____ Expiration Date: _____
 Check payable to Fisher College

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

COURSE SELECTION:

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 After this period, students may request to be withdrawn, with full tuition required.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

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 I understand that I must formally request to be dropped before add/drop ends and request to be withdrawn before the last day to withdraw.

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

Please EMAIL this form to mhewitt@fisher.edu