



FISHER COLLEGE

OFFICE OF THE REGISTRAR

Application for Re-Enrollment Graduate and Professional Studies

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

PERSONAL INFORMATION:

Name: _____
First Middle Last

Social Security #: _____ Date of Birth: ____/____/____

Sex: Male Female

Previous Last Name if applicable: _____

Current Address: _____

Home/Work Phone: _____ Cell Phone: _____

E-mail Address: _____

PREVIOUS FISHER COLLEGE STUDENT STATUS:

Last Semester/Term Attended: _____ Re-Enrollment for Term/Year: _____

Major: _____

Graduation Date (If Applicable): ____/____/____
Month/Year

COLLEGE:

College Attended: _____ Dates of Attendance: _____ to _____

College Attended: _____ Dates of Attendance: _____ to _____

MAJOR:

Bachelor's Degree

- Communication & Media Studies
- Criminal Justice
- Human Resource Management
- Human Services
- Human Services: ECE & Early Intervention Concentration
- Human Services: Early Intervention
- Information Technology
- Information Technology: Game Development
- Information Technology: Cyber Security
- Liberal Arts
- Management
- Psychology
- RN to BSN
- Marketing

Management Concentrations

- Accounting
- Health Care Management
- Health Information Management (Online)

Please email the form to:

FISHER ONLINE

E-mail: online@fisher.edu

Associate's Degree

- Business Administration
- Criminal Justice
- Early Childhood Education
- Early Childhood Education: Director Concentration
- General Studies
- Health Information Technology (Online)
- Psychology

Certificate Programs

- Medical Coding (Online)
- Early Childhood

Do you intend to apply for financial aid? Yes No

Fisher College reserves full discretion to admit or deny any re-enrollment requests.

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.

I hereby certify that all the information stated on this application is complete and accurate.

_____/_____/_____
Date

Signature of Applicant