



## FISHER COLLEGE

Office of Financial Aid  
118 Beacon St. MA 02116  
Phone: 617-236-8821  
Fax: 617-670-4440

Email: [financialaid@fisher.edu](mailto:financialaid@fisher.edu)  
Web: [www.fisher.edu/financial-aid](http://www.fisher.edu/financial-aid)

### 2021-2022 Financial Aid Enrollment Information Worksheet

In order for the Financial Aid Office to complete your financial aid offer for the **2021-2022 Academic Year**, you will need to complete the **Financial Aid Enrollment Information Worksheet**, provide your original signature, and send to: Fisher College, Financial Aid Office 118 Beacon Street, Boston, MA 02116, Fax to 617-670-4440, or Email to [financialaid@fisher.edu](mailto:financialaid@fisher.edu).

Student Name: \_\_\_\_\_ Fisher ID# \_\_\_\_\_  
(Please Print Clearly)

Please indicate the number of credits you plan to take in each term and if you would like to utilize financial aid, or not, for each 2-Term Module. If you do not plan on taking credits during particular Term, please indicate 0 or N/A. Do not leave any sections blank, or the form will be considered incomplete, and will delay the processing of your Financial Aid Offer.

**Student must be enrolled in at least 6 credits, per 2-Term Module, in order to receive Federal Stafford Loans.**

Please keep a copy of this form for your records, as this estimate impacts your eligibility for financial assistance. Each course is approximately 3 credits at a cost of approximately \$1,319 each.

<b>September Term:</b>	9/7/2021 – 10/30/2021	# of credits _____
<b>November Term:</b>	11/1/2021 - 12/24/2021	# of credits _____
<b>I would like to receive Financial Aid for this 2-Term Module (circle one):</b>	<b>Yes</b>	<b>No</b>

<b>January Term:</b>	1/18/2022 – 3/12/2022	# of credits _____
<b>March Term:</b>	3/14/2022 – 5/7/2022	# of credits _____
<b>I would like to receive Financial Aid for this 2-Term Module (circle one):</b>	<b>Yes</b>	<b>No</b>

<b>May Term:</b>	5/9/2022 – 7/2/2022	# of credits _____
<b>July Term:</b>	7/5/2022 – 8/27/2022	# of credits _____
<b>I would like to receive Financial Aid for this 2-Term Module (circle one):</b>	<b>Yes</b>	<b>No</b>

By signing this statement, I understand that I must notify the Financial Aid Office if my enrollment changes as it may impact my eligibility for financial assistance, and that I am responsible for any charges which are not covered by my financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_