



Welcome

2023-2024 UNDERGRADUATE

# Pre-Enrollment Guide

PREPARE FOR YOUR JOURNEY AT FISHER COLLEGE

# 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 required internship 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. 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](http://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](mailto:admissions@fisher.edu).

We look forward to welcoming you to Fisher College!

Go Falcons!



Zacchary Songer  
*Director of Admissions*

Getting Started ..... 3

The Fisher College  
Academic Calendar..... 5

Your Health  
At Fisher College ..... 6

Health Registration Form ..... 7

Medical History..... 8

Immunization Record ..... 9

TB Screening Questionnaire..... 10

Physical Examination..... 13

Statement of Insurance Coverage.. 14

Fisher Falcons:  
True To Our Spirit ..... 15

Your Housing At Fisher ..... 16

Moving On Campus:  
Things To Bring ..... 17

Wired For Learning..... 18

Affording Your Education ..... 21

Important Contact Numbers ..Back Cover





# 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 residence hall students is \$500. Commuting students pay \$200. After May 1st, your deposit for the Fall semester is non-refundable. Deposits for the Spring semester are non-refundable after December 1st.*

### Questions?

Email: [admissions@fisher.edu](mailto: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 offer, call the Financial Aid Office to find out what items are missing from your file. Once you've received your award, please contact the office with any questions.*

### Questions?

Email: [financialaid@fisher.edu](mailto: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](mailto: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 Housing Application form online at [www.fisher.edu/housing-application](http://www.fisher.edu/housing-application) after submitting your \$500 deposit.**

### Questions?

Email: [housing@fisher.edu](mailto:housing@fisher.edu)  
Tel: 617-236-8828

## 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 or online at [www.fisher.edu/immunizations](http://www.fisher.edu/immunizations), to Health Services as soon as possible.*

### Questions?

Email: [healthservices@fisher.edu](mailto: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/insurance](http://www.fisher.edu/insurance). Please pay attention to important deadlines for the waiver process.*

### Questions?

Email: [healthservices@fisher.edu](mailto:healthservices@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, you will 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

**Wednesday, June 21 -  
Thursday, June 22, 2023**

*(Overnight event - resident students only)*

**Thursday, July 13, 2023**

*(All students welcome)*

**Wednesday, August 9, 2023**

*(All students welcome)*

**Tuesday, August 22, 2023**

*(Suggested date for Fall athletes)*



### FALL 2023 SEMESTER

Residence halls open for new students	September 2
New student Welcome Weekend	September 2–4
Residence halls open for returning students	September 4
Classes begin	September 5
Add/drop period ends	September 12
Columbus Day — no classes	October 9
Midterm warning grades due	October 20
Veteran’s Day, observed — no classes	November 10
Last day to withdraw from classes	November 17
Thanksgiving break	November 22–26
Last day of classes	December 15
Final grades due	December 17

### SPRING 2024 SEMESTER

Residence halls open for new students	January 14
New student Welcome Weekend	January 14–15
Residence halls open for returning students (MLK)	January 15
Classes begin	January 16
Add/drop period ends	January 23
Presidents’ Day — no classes	February 19
Midterm warning grades due	March 1
Spring break	March 2–10
Last day to withdraw from classes	April 5
Patriots’ Day — classes held online	April 15
Last day of classes	May 3
Final grades due	May 5
Commencement	May 11

# Your Health at Fisher College

## THE OFFICE OF 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 Office of Student Health Services is staffed by a registered nurse, part-time nurse practitioner, and an off-site supervising 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 Office of Student Health Services is open Monday–Friday, 8 am to 4 pm. Counseling services are also available Monday through Friday by calling [617-236-8853](tel:617-236-8853) or [617-236-8894](tel:617-236-8894) to make an appointment. 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 attend classes or live in the residence halls until we receive completed medical documents.**

If you haven't turned in the required documents by August 1st for Fall enrollment and January 2nd for Spring enrollment, 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.

### 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.
- » **Tetanus Booster Shot:** TDap is required every 10 years.

#### 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:

Office of Student Health Services  
118 Beacon Street, Boston, MA 02116

**Faxed to:** 617-236-5465

**Or emailed to:** [healthservices@fisher.edu](mailto:healthservices@fisher.edu)





## FISHER COLLEGE

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 August 1 for Fall enrollment and January 2 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.\***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI Month Day Year

Legal Sex: ☐ Male ☐ Female Gender Identity: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street and Number City State Zip

E-mail Address: \_\_\_\_\_ Birthplace (Country): \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Country Code if International Area Code Area Code

Local Address: \_\_\_\_\_  
Street and Number City State Zip

Father/Guardian's Name: \_\_\_\_\_ Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Mother/Guardian's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Father/Guardian's Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Mother/Guardian's Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Semester/year entering Fisher College: \_\_\_\_\_ Status: ☐ Freshman ☐ Transfer Living: ☐ Resident ☐ Commuter

College(s) attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_

## Alternate Emergency Contact

Name: \_\_\_\_\_  
Last First Relationship

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## CONSENT FOR EMERGENCY TREATMENT

To be signed by parent/guardian if student is under 18 years of age:

I give permission for medical treatment for my son/daughter.

In the event of an accident or illness, this includes referral to a local hospital, hospitalization, anesthesia, and/or surgery should it be necessary and I am unable to be reached.

\_\_\_\_\_  
Signature Date

## CONSENT FOR EMERGENCY TREATMENT

To be signed by student over 18 years of age:

I consent to care at Fisher College Health Services.

\_\_\_\_\_  
Signature Date

## FOR HEALTH SERVICES USE ONLY

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

☐ Complete ☐ Rubella ☐ CXR

☐ Exemption ☐ TDaP ☐ Physical Exam

Measles ☐ #1 ☐ #2 ☐ PPD ☐ Labs

Mumps ☐ #1 ☐ #2 ☐ MCV Varicella ☐ #1 ☐ #2 ☐ CP

Hepatitis B ☐ #1 ☐ #2 ☐ #3 Influenza ☐

COVID-19 ☐ #1 ☐ #2 ☐ #3



Student Name: \_\_\_\_\_

Please return directly to Fisher College Health Services.

### FAMILY HISTORY

Have any of your immediate relatives had any of the following:

Please list all family members	Age	Health Status	Age at death	Cause of death	Illness	✓ for yes	Specify which relative
Father					Alcoholism/Substance Abuse		
Mother					Asthma or Allergies		
Brothers					Blood or Bleeding Disorder		
					Cancer		
					Diabetes		
Sisters					Heart Disease/ High Blood Pressure		
					Kidney Disease		
					Mental Illness (please specify):		
Spouse					Seizure Disorder		
					Tuberculosis		
Children					Other (please specify):		

### STUDENT'S HISTORY

Do you have now or have you ever had: (check all that apply)

- |  |  |   |   |
|--|--|---|---|
| 1. <input type="checkbox"/> Abnormal Pap             | 14. <input type="checkbox"/> Frequent ear problems         | 26. <input type="checkbox"/> Irritable bowel syndrome         | 38. <input type="checkbox"/> Seizure disorder   |
| 2. <input type="checkbox"/> Anemia/Bleeding Disorder | 15. <input type="checkbox"/> Eye problem                   | 27. <input type="checkbox"/> Kidney stone                     | 39. <input type="checkbox"/> Sickle cell disease/trait  |
| 3. <input type="checkbox"/> Anorexia Nervosa/Bulimia | 16. <input type="checkbox"/> Fainting                      | 28. <input type="checkbox"/> Kidney disease/urinary infection | 40. <input type="checkbox"/> Testicular problem   |
| 4. <input type="checkbox"/> Appendectomy             | 17. <input type="checkbox"/> Severe head injury            | 29. <input type="checkbox"/> Learning disability              | 41. <input type="checkbox"/> Thyroid disease  |
| 5. <input type="checkbox"/> Arthritis                | 18. <input type="checkbox"/> Heart disease/problem         | 30. <input type="checkbox"/> Malaria                          | 42. <input type="checkbox"/> Tuberculosis   |
| 6. <input type="checkbox"/> Anxiety                  | 19. <input type="checkbox"/> Heart murmur/click            | 31. <input type="checkbox"/> Recurrent headache               | 43. <input type="checkbox"/> Ulcer  |
| 7. <input type="checkbox"/> Asthma                   | 20. <input type="checkbox"/> Hepatitis/Jaundice            | 32. <input type="checkbox"/> Mononucleosis                    | 44. <input type="checkbox"/> Other serious illness or injury, mental illness (please explain below) |
| 8. <input type="checkbox"/> Bone or Joint Problem    | 21. <input type="checkbox"/> High blood pressure           | 33. <input type="checkbox"/> Neuro-muscular disease           |   |
| 9. <input type="checkbox"/> Cancer/Malignancy        | 22. <input type="checkbox"/> HIV infection                 | 34. <input type="checkbox"/> Phlebitis/deep vein clot         |   |
| 10. <input type="checkbox"/> Chickenpox              | 23. <input type="checkbox"/> Impaired mobility/paralysis   | 35. <input type="checkbox"/> Pneumothorax                     |   |
| 11. <input type="checkbox"/> Colitis/Ileitis         | 24. <input type="checkbox"/> Individualized Education Plan | 36. <input type="checkbox"/> Positive TB test                 |   |
| 12. <input type="checkbox"/> Diabetes                | 25. <input type="checkbox"/> Irregular heartbeat           | 37. <input type="checkbox"/> Rheumatic fever                  |   |

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, how many drinks do you have on the average in one evening? \_\_\_\_\_

Do you exercise? ☐ No ☐ Yes What type? \_\_\_\_\_  
How often? \_\_\_\_\_

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? ☐ No ☐ Yes

Do you examine your breasts/testicles regularly? ☐ No ☐ Yes

Do you follow any special diet? ☐ No ☐ Yes  
What kind? \_\_\_\_\_

Are you concerned about your eating patterns? ☐ No ☐ Yes  
Or your weight? ☐ No ☐ Yes

Do you consider yourself:  
☐ underweight ☐ overweight ☐ normal weight

Do you often have a feeling of being overwhelmed or depressed?

☐ No ☐ Yes

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

### MAJOR ILLNESS, OPERATIONS OR HOSPITALIZATIONS:

(If any, provide details including dates, diagnoses, surgeries, etc.)

\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES (Please specify):

\_\_\_\_\_  
\_\_\_\_\_

### GYNECOLOGICAL HISTORY:

(female students only - check all that apply)

Age at onset of menstrual cycle: \_\_\_\_\_ Length of 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

Explain all positive answers (please include dates):

\_\_\_\_\_





**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, or:
  - 2) Complete the student information section. Have your healthcare provider complete the remaining sections and sign where indicated, or:
  - 3) Email the completed forms to [healthservices@fisher.edu](mailto:healthservices@fisher.edu).

**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

TDaP \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (within 10 years)  
MM DD YY

TD \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

**Meningitis ACWY**

Vaccine \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type \_\_\_\_\_ (refer to enclosed guidelines)  
MM DD YY

\*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).

**Covid Vaccine**

#1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VERSION \_\_\_\_ #3 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VERSION \_\_\_\_  
MM DD YY

#2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VERSION \_\_\_\_  
MM DD YY

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

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

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

or

Measles vaccine #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY

Mumps vaccine #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY

Rubella vaccine: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

or

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

Measles (Rubeola): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Mumps: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Rubella: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

**Hepatitis B** (Three doses required)

#1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be at least one month after dose #1)  
MM DD YY MM DD YY

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

or

☐ Positive Blood Titer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (attach copy of lab results)  
MM DD YY

**Varicella** (Two doses required)

☐ Varicella #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY

or

☐ Positive Blood Titer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (attach copy of lab results)  
MM DD YY

☐ Had disease (Chickenpox) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

**Influenza** (One dose required)

Vaccine \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

\*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

Student Name: \_\_\_\_\_

**PART 1: TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE** (to be completed by incoming student)**Please answer the following questions:**

1. Have you ever had a positive tuberculosis (TB) test? If yes, please refer to Section B in part 2 below. .... ☐ No ☐ Yes
2. Have you ever had close contact with persons known or suspected to have active tuberculosis (TB)? .... ☐ No ☐ Yes
3. Were you born in one of the countries or territories listed below? .... ☐ No ☐ Yes
4. Have you ever traveled or lived for more than a month in any of the countries or territories listed below? .... ☐ No ☐ Yes

If yes, please circle the country or territory below:

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2018. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Afghanistan	Brazil	Congo	Fiji	Kenya	Mauritania	Pakistan	Sao Tome &	Tuvalu
Algeria	Brunei	Côte d'Ivoire	French Polynesia	Kiribati	Mexico	Palau	Principe	Uganda
Angola	Darussalam	Democratic	Gabon	Kuwait	Micronesia	Panama	Senegal	Ukraine
Anguilla	Bulgaria	People's	Gambia	Kyrgyzstan	(Federated	Papua New	Sierra Leone	United Republic
Argentina	Burkina Faso	Republic of	Georgia	Lao People's	States of)	Guinea	Singapore	of Tanzania
Armenia	Burundi	Korea	Ghana	Democratic	Mongolia	Paraguay	Solomon Islands	Uruguay
Azerbaijan	Cabo Verde	Democratic	Greenland	Republic	Morocco	Peru	Somalia	Uzbekistan
Bangladesh	Cambodia	Republic of the	Guam	Latvia	Mozambique	Philippines	South Africa	Vanuatu
Belarus	Cameroon	Congo	Guatemala	Lesotho	Myanmar	Portugal	South Sudan	Venezuela
Belize	Central African	Djibouti	Guinea	Liberia	Namibia	Qatar	Sri Lanka	(Bolivarian
Benin	Republic	Dominican	Guinea-Bissau	Libya	Nauru	Republic of Korea	Sudan	Republic of)
Bhutan	Chad	Republic	Guyana	Lithuania	Nepal	Republic of	Suriname	Viet Nam
Bolivia	China	Ecuador	Haiti	Madagascar	Nicaragua	Moldova	Tajikistan	Yemen
(Plurinational	China, Hong Kong	El Salvador	Honduras	Malawi	Niger	Romania	Thailand	Zambia
State of)	SAR	Equatorial Guinea	India	Malaysia	Nigeria	Russian	Timor-Leste	Zimbabwe
Bosnia &	China, Macao SAR	Eritrea	Indonesia	Maldives	Nive	Federation	Togo	
Herzegovina	Colombia	Eswatini	Iraq	Mali	Northern	Rwanda	Tunisia	
Botswana	Comoros	Ethiopia	Kazakhstan	Marshall Islands	Mariana Island		Turkmenistan	

**MEDICAL EVALUATION FOR LATENT TUBERCULOSIS INFECTION**

To be completed and signed by a licensed healthcare provider ONLY if student answers "yes" to 2, 3, or 4 above.

**Please note:**

If patient has had a POSITIVE TUBERCULOSIS SKIN TEST in the past, the test should not be repeated. Go to Section B below.

**A. TUBERCULIN TESTING (Mantoux/Intermediate PPD or Interferon Gamma Release Assay [IGRA])**

1. Mantoux – Please note: Mantoux test must be read by a healthcare provider 48–72 hours after administration. If no induration, mark "0". Results of multiple puncture tests, such as Tine or Mono – Vac are NOT accepted.

Date administered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYDate test read: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Result: \_\_\_\_ mm of induration

**Interpretation of Tuberculin Test:** (Please use table below and circle response.) Negative/Positive

Risk Factor	Risk Factor
Close contact with case of TB	5mm or more
Born in a country with a high rate of TB	10mm or more
Traveled/lived for 1+ months in a country with high TB rates	10mm or more
No risk factors (test not recommended)	15mm or more

or

2. Interferon Gamma Release Assay (IGRA)

Method used: (Please check) ☐ QFT – G ☐ TspotDate obtained: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Result: (Please check appropriate response)

☐ Negative☐ Positive☐ Intermediate☐ Borderline**B. POSITIVE SKIN TEST OR POSITIVE IGRA REQUIRES A CHEST X-RAY (Mantoux/Intermediate PPD or IGRA tests)**1. Date of POSITIVE test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYTesting method: (please check) ☐ Mantoux ☐ IGRA2. Chest X-Ray: (please check) ☐ Normal ☐ Abnormal

Please attach a copy of the report (no discs or films)

Describe: \_\_\_\_\_

3. Clinical Evaluation: (please check) ☐ Normal ☐ Abnormal

Describe: \_\_\_\_\_

4. Treatment: (please check) ☐ Yes ☐ No

Meds, Dose, Frequency, Dates: \_\_\_\_\_

**HEALTHCARE PROVIDER SIGNATURE**

Unless documentation of immunization is attached, your healthcare provider's (M.D./N.P./P.A.) signature or stamp is required below.

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
MM DD YY

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 an 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?**

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at **617-983-6800** or [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm) and [www.mass.gov/dph/epi](http://www.mass.gov/dph/epi)
- Your local health department (*listed in the phone book under government*)

*Provided by: Massachusetts Department of Public Health, Division of Epidemiology and Immunization: 617-983-6800, 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 risks and benefits of quadrivalent meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students 21 years of age and younger at secondary schools, colleges, and universities to receive one dose of MenACWY vaccine administered on or after their 16th birthday, unless the student provides a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

☐ After reviewing the information on the dangers of meningococcal disease, I choose to waive receipt of the meningococcal vaccine.

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student ID #: \_\_\_\_\_  
MM DD YY

Signature: \_\_\_\_\_ Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Student, or parent/legal guardian if student is under 18 years of age) MM DD YY

*Provided by: Massachusetts Department of Public Health, Division of Epidemiology and Immunization: 617-983-6800, MDPH Meningococcal Information and Waiver Form 01/18*



Please return directly to Fisher College Health Services.

Must be completed within one year of August 1 for Fall enrollment, January 2 for Spring enrollment, and within six months of enrollment for athletics.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_

Vision: Without correction: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ With correction: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_

Color vision normal: ☐ Yes ☐ No

TB low risk: ☐ Yes ☐ No

The Athletic Trainer may have access to the physical examination report of students who elect to participate in athletics.

System	✓ If Normal	Describe Abnormality	List all current medications:
Skin			
HEENT			
Lungs/Chest			
Breasts			
Heart/Vascular System			
Abdomen (rectal if indicated)			
Genito-urinary/Reproductive			
Pelvic			
Lymphatic			List all known allergies: (medications, food, substances)
Musculo-skeletal			
Neurological			
Endocrine			
Psychological			
Teeth/Mouth			
Lab work: Hgb/Hct _____ Urine: Glucose _____ Protein _____			

#### CURRENT MAJOR AND CHRONIC PROBLEMS:

#### ACUTE OR MINOR PROBLEMS:

If the student is under care for a chronic condition or serious illness, please provide additional clinical reports to assist us in providing continuity of care.

Please comment on any physical or emotional problems that Health Services should be aware of regarding this patient, including past history, medications, and current treatments:

☐ Please check if the student intends to participate in intercollegiate athletics. Please indicate team: \_\_\_\_\_

**INTERCOLLEGIATE ATHLETES ONLY:** PE required within 6 months of enrollment. Attach a copy of sickle cell screening lab report, if necessary. Attach healthcare provider's certification of any NAIA banned substance with diagnosis, Rx, date prescription began, date of last evaluation, history of treatment (previous or ongoing), ADHD rating scale (if applicable), note that alternative non-banned substances have been considered.

Recommendations for physical activity: ☐ unlimited ☐ limited (specify) \_\_\_\_\_

☐ Medically cleared for sports participation ☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

☐ Do not clear. Reason: \_\_\_\_\_

**MUST BE VERIFIED BY A LICENSED HEALTH CARE PROVIDER** (please print) **DATE OF EXAM:** \_\_\_\_\_

Health Care Provider \_\_\_\_\_ MD, NP, PA, DO

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Provider's Signature: \_\_\_\_\_





## 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 out-patient 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
4. Travel plans
5. Short-term medical 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 1st. For newly enrolled students in the Spring, waivers must be completed by January 2nd. 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/insurance](http://www.fisher.edu/insurance). If you have any questions, please contact our college nurse at [healthservices@fisher.edu](mailto:healthservices@fisher.edu).

## LIFE AT FISHER

Fisher has opportunities for everything you’re interested in, whether you are a commuter or a resident. We have a variety of 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.

## 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.

To learn more, visit [www.fisher.edu/studyabroad](http://www.fisher.edu/studyabroad) or email [studyabroad@fisher.edu](mailto:studyabroad@fisher.edu).

## 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. For more information, please contact [admissions@fisher.edu](mailto:admissions@fisher.edu).



# 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, our Department of Athletics offers yet another way for our students to develop qualities they need to succeed in their careers and lives. Our student-athletes strive to be the best both on and off the field as they turn hard work, focus, and teamwork into a winning combination. The Fisher College Falcons compete as a proud member of the National Association of Intercollegiate Athletics (NAIA) in the Continental Athletic Conference. The College boasts a total of ten varsity teams.

## CONNECT WITH US

To stay connected and keep up-to-date with your Fisher College Falcons and our athletic community, please follow us on social media (@fisherfalcons). Also, visit our website [www.fisherfalcons.com](http://www.fisherfalcons.com) for game schedules and more information on each of our programs.



 [facebook.com/fishercollegeathletics](https://facebook.com/fishercollegeathletics)



 @fisherfalcons



 @fisherfalcons





# Your Housing at Fisher

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

At the Office of Housing, we are eagerly anticipating your arrival at Fisher College. The following forms can be filled out online at [www.fisher.edu/housing-application](http://www.fisher.edu/housing-application)

### ☐ 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 APPLICATION

Our office uses this application to assist us as we assign you a roommate. This questionnaire focuses on your habits and personal preferences when sharing a space with the goal of helping us identify a compatible roommate.

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

**1. When we receive your \$500 deposit, housing agreement, and housing application.**

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. Payment of your tuition, room, and board charges.**

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 on the next page, 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, we welcome you to contact our office at 617-236-8828 or by email at [housing@fisher.edu](mailto:housing@fisher.edu).

# 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 NOT 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 MAY WANT TO BRING:

- ☐ Twin sheets, bedding, pillow, mattress pad
- ☐ Toiletries/towels/washcloths
- ☐ Clothing
- ☐ Auto-off iron/ironing board
- ☐ Television
- ☐ 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, no string lights)
- ☐ 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



# 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](http://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 and 11, Apple MacOS (10.9 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](http://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 118-22, Balcony, 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 2021, 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](mailto: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](http://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 and 11).

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.

### Questions?

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](mailto: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, FEES, AND ROOM/BOARD 2023–2024 ACADEMIC YEAR

### REQUIRED EXPENSES

Annual Tuition	\$33,813.00
Comprehensive Fee	\$1,200.00
Annual Room and Board** (seven days per week)	\$17,687.00
Residence Hall Security Deposit	\$500.00
Dorm Activity Fee	\$50.00
Health Insurance***	\$2,975.00
Commuter Deposit	\$200.00
Total Annual Cost Commuter	\$37,988.00
Total Annual Cost Resident	\$56,225.00

\*\* If a student requests a single or double room, additional (non-refundable) charges of \$2,000 and \$1,000, respectively, will be incurred.

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

The charge for tuition, room, and board is an annual fee and is due in payments on August 1, 2023; and January 2, 2024. Payments may be made by check, wire transfer, money order or credit card (MasterCard, Visa, Discover, American Express). Students may also utilize the payment plan offered through Fisher College’s partner NelNet Campus Commerce. International students must show funds available in excess of \$56,000 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.

## NOTES

[illegible]



## IMPORTANT CONTACT NUMBERS

### **ACADEMIC AFFAIRS/REGISTRAR**

617-236-8825

### **ADMISSIONS OFFICE**

617-236-8818

### **ATHLETICS**

617-670-4529

### **BURSAR (STUDENT ACCOUNTS)**

617-236-5403

### **FINANCIAL AID**

617-236-8821

### **HEALTH SERVICES**

617-236-8860

### **RESIDENCE LIFE**

617-236-8828



## FISHER COLLEGE

### Office of Admissions

118 Beacon Street | Boston, Massachusetts 02116

(617) 236-8818 | [admissions@fisher.edu](mailto:admissions@fisher.edu) | [www.fisher.edu](http://www.fisher.edu)



@fishercollege