



come

2025-2026 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, both in and out of the classroom. Every aspect of a Fisher education takes advantage of our fantastic location in downtown Boston — from your required internships — to life in the heart of the city. You will be steps away from hundreds of years of history and progress — right outside of your classroom door. On campus, you will be more than just a number to your professors; they will know your name, your story, and the best way to guide you through your academic career and beyond. Outside of academics, you will also have access to our dedicated professional staff to round out your experience and 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.

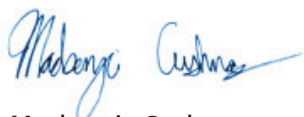
We know paying for your education can be an obstacle, but it is also one of the most important investments you can make. Our Financial Aid Office is here every step of the way — offering generous Financial Aid packages to make college more affordable and answering any questions you may have about the process.

Speaking of questions, consider this pre-enrollment guide an all-inclusive booklet to help you step-by-step throughout the enrollment process. We have broken down everything you need to start off on the right foot at Fisher — do not fall behind! Ensure you follow the steps closely and return all necessary forms as soon as possible.

If you have any questions we did not cover in this guide or on our website at **www.fisher.edu**, please contact the Admissions Office. Give us a call at **617-236-8818** or email us at **admissions@fisher.edu** to get the answers you need.

We look forward to welcoming you to Fisher College!

Go Falcons!



Mackenzie Cushman

Director of Undergraduate 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 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
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
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 Housing Application form online at www.fisher.edu/housing-application after submitting your \$500 deposit.**

Questions?

Email: 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, 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, most 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. Please pay attention to important deadlines for the waiver process.

Questions?

Email: 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

Thursday, July 10, 2025

(All students welcome)

Tuesday, July 22, 2025

(All students welcome)

Monday, August 11, 2025

(All students welcome)

Tuesday, August 19, 2025

(Suggested date for Fall athletes)



FALL 2025 SEMESTER

Residence halls open for new students	August 30
New student Welcome Weekend	August 30-September 1
Classes begin	September 2
Add/drop period ends	September 9
Indigenous Peoples' Day — no classes	October 13
Veteran's Day, observed — no classes	November 11
Thanksgiving break	November 26-November 30
Last day of classes	December 19

SPRING 2026 SEMESTER

Residence halls open for new students	January 10
New student Welcome Weekend	January 10-11
Classes begin	January 12
Martin Luther King Day — no classes	January 19
Add/drop period ends	January 20
Presidents' Day — no classes	February 16
Spring break	March 7-15
Patriots' Day — no classes	April 20
Last day of classes	May 1
Commencement	May 9

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 and a part-time nurse practitioner 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 **617-236-8894** 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 healthcare provider.
- » **Tuberculosis screening and testing:** All students need to complete our TB Screening Questionnaire. May need testing based on answers.

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

RECOMMENDED IMMUNIZATIONS

- » **Influenza**
- » **Covid-19 vaccines**

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

Fax to: 617-236-5465

Or email to: 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 ☐ Exemption ☐ Physical Exam

MMR ☐ #1 ☐ #2 IMMUNE ☐

VARICELLA ☐ #1 ☐ #2 CP ☐ IMMUNE ☐

PPD ☐ MCV ☐ TDaP ☐ INFLUENZA ☐

HEP B ☐ #1 ☐ #2 ☐ #3 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 | 27. <input type="checkbox"/> Kidney disease/urinary infection | 39. <input type="checkbox"/> Testicular problem |
| 2. <input type="checkbox"/> Anemia/Bleeding Disorder | 15. <input type="checkbox"/> Eye problem | 28. <input type="checkbox"/> Learning disability | 40. <input type="checkbox"/> Thyroid disease |
| 3. <input type="checkbox"/> Anorexia Nervosa/Bulimia | 16. <input type="checkbox"/> Fainting | 29. <input type="checkbox"/> Malaria | 41. <input type="checkbox"/> Tuberculosis |
| 4. <input type="checkbox"/> Appendectomy | 17. <input type="checkbox"/> Severe head injury | 30. <input type="checkbox"/> Recurrent headache | 42. <input type="checkbox"/> Ulcer |
| 5. <input type="checkbox"/> Arthritis | 18. <input type="checkbox"/> Heart disease/problem | 31. <input type="checkbox"/> Mononucleosis | 43. <input type="checkbox"/> Other serious illness or injury, mental illness (please explain below) |
| 6. <input type="checkbox"/> Anxiety | 19. <input type="checkbox"/> Heart murmur/click | 32. <input type="checkbox"/> Neuro-muscular disease | |
| 7. <input type="checkbox"/> Asthma | 20. <input type="checkbox"/> Hepatitis/Jaundice | 33. <input type="checkbox"/> Phlebitis/deep vein clot | |
| 8. <input type="checkbox"/> Bone or Joint Problem | 21. <input type="checkbox"/> High blood pressure | 34. <input type="checkbox"/> Pneumothorax | |
| 9. <input type="checkbox"/> Cancer/Malignancy | 22. <input type="checkbox"/> HIV infection | 35. <input type="checkbox"/> Positive TB test | |
| 10. <input type="checkbox"/> Chickenpox | 23. <input type="checkbox"/> Impaired mobility/paralysis | 36. <input type="checkbox"/> Rheumatic fever | |
| 11. <input type="checkbox"/> Colitis/Ileitis | 24. <input type="checkbox"/> Irregular heartbeat | 37. <input type="checkbox"/> Seizure disorder | |
| 12. <input type="checkbox"/> Diabetes | 25. <input type="checkbox"/> Irritable Bowel Syndrome | 38. <input type="checkbox"/> Sickle cell disease/trait | |
| 13. <input type="checkbox"/> Depression | 26. <input type="checkbox"/> Kidney stone | | |

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.

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)

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).

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

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)
 MM DD YY MM DD YY

or

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

Measles (Rubeola): ____ / ____ / ____ Mumps: ____ / ____ / ____ Rubella: ____ / ____ / ____
 MM DD YY MM DD YY MM DD YY

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)
 MM DD YY MM DD YY MM DD YY

or

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

RECOMMENDED IMMUNIZATIONS**Covid Vaccine**

#1 ____ / ____ / ____ #2 ____ / ____ / ____
 MM DD YY VERSION MM DD YY VERSION

#3 ____ / ____ / ____
 MM DD YY VERSION

Influenza

Vaccine ____ / ____ / ____
 MM DD YY

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 ≥ 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 and 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			
Musculo-skeletal			
Neurological			
Endocrine			
Psychological			
Teeth/Mouth			
Lab work: Hgb/Hct _____ Urine: Glucose _____ Protein _____			

List all known allergies:
(medications, food, substances)

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
(With the exception of the following state Medicaid Plans accepted: MA, NH, CT, RI, VT)
4. Travel plans
5. Short-term medical plans

Students who are at least 75% 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. If you have any questions, please contact our College nurse at 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 or email 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.

Fisher Falcons: True to Our Spirit

MEN'S SPORTS

- ☐ Baseball
- ☐ Basketball
- ☐ Soccer
- ☐ Volleyball

WOMEN'S SPORTS

- ☐ Basketball
- ☐ 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 eight 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 for game schedules and more information on each of our programs.



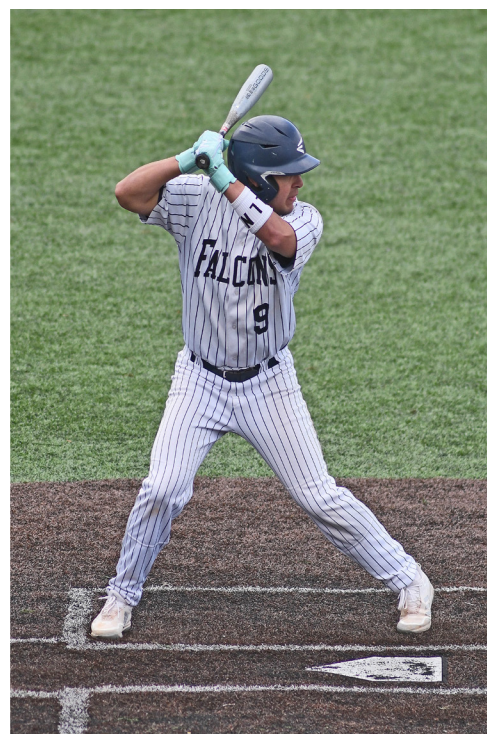
 facebook.com/fishercollegeathletics



 @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 once you pay your housing deposit.

- ☐ 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.

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

THINGS YOU MAY WANT TO BRING:

- ☐ Auto-off iron/ironing board
- ☐ Book bag
- ☐ Cat 5e Ethernet cable for wired internet access (15 to 25 feet long)
- ☐ Class supplies
- ☐ Clothing
- ☐ Coaxial cable for Cable TV (15 to 25 feet long)
- ☐ Computer/supplies
- ☐ First aid supplies/prescription medications
- ☐ Flashlight
- ☐ Laundry/cleaning supplies
- ☐ Plastic under-bed storage containers
- ☐ 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*
- ☐ Room lighting (non-halogen, no string lights)
- ☐ Shower caddy for carrying toiletries to the shower
- ☐ Television
- ☐ Toiletries/towels/washcloths
- ☐ Trash can
- ☐ Twin sheets, bedding, pillow, mattress pad

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 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).

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.

Laptop Requirements

COMMUNICATION & MEDIA STUDIES PROGRAM

The College provides Microsoft Office 365 through your college email account, so you do not need to purchase a subscription. The College will also provide Adobe Creative Cloud licenses when needed for your classwork.

As part of your acceptance into the Communication and Media Studies program at Fisher College, please note that you will need a laptop that meets the following recommendations:

WINDOWS 11 PRO LAPTOP

- Memory - At least 16GB (32GB preferred)
- Hard drive/Storage - At least a 1TB hard drive
- Processor - Intel i7 or AMD Ryzen 7
- Graphics - NVIDIA or AMD graphics card with at least 6GB of video memory
- Warranty - if possible, look at purchasing a 3 or 4 year warranty from the manufacture

APPLE MACBOOK

- M3 MacBook Pro with
- 16GB of unified memory
- 1TB SSD storage
- Look at purchasing a 3 year AppleCare Warranty

Chromebooks are not allowed for this program.

IT/COMPUTER TECH MAJORS

The college provides Microsoft Office 365 through your college email account, so you do not need to purchase a subscription.

As part of your acceptance into the Information Technology program at Fisher College, please note that you will need a laptop that meets the following recommendations:

WINDOWS 11 PRO LAPTOP

- Memory - at least 16GB (32GB preferred)
- Hard drive/Storage - At least a 1TB hard drive
- Processor - Intel i7 or AMD Ryzen 7
- Warranty - if possible, look at purchasing a 3 or 4 year warranty from the manufacture

Apple MacBooks are not recommended for this program.

Chromebooks are not allowed for this program.

GENERAL EDUCATION STUDENTS

The college provides Microsoft Office 365 through your college email account, so you do not need to purchase a subscription.

WINDOWS 11 HOME LAPTOP

- Memory - At least 16GB
- Hard drive/Storage - At least 512GB hard drive, preferably 1 TB
- Processor - Intel i5 or i7 or AMD Ryzen 5 or 7
- Graphics - Intel Iris Xe or AMD Radeon Graphics with shared graphics memory
- Warranty - if possible, look at purchasing a 3 or 4 year warranty from the manufacture

APPLE MACBOOK

- M2 MacBook Air with
- 16GB of unified memory
- 512GB SSD storage
- Look at purchasing a 3 year AppleCare Warranty



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.

All modern laptops come with compatible wireless hardware installed. If you wish to connect a desktop computer to the wireless network it 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 118-43. 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. Printers are also available in each of the college labs.

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 four 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](tel: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 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. 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 2025–2026 ACADEMIC YEAR

REQUIRED EXPENSES

Annual Tuition	\$35,524.00
Comprehensive Fee	\$1,200.00
Annual Room and Board**	\$18,582.00
<i>(seven days per week)</i>	
Residence Hall Security Deposit	\$500.00
Dorm Activity Fee	\$50.00
Health Insurance***	\$2,990.00
Commuter Deposit	\$200.00
Total Annual Cost Commuter	\$39,714.00
Total Annual Cost Resident	\$58,846.00

**** 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, 2025 and January 1, 2026. 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 \$59,000 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 | www.fisher.edu



@fishercollege