



FISHER COLLEGE

Division of Accelerated and Professional Studies
RN to BSN Application for Admission

Fisher College
777 Church Street
New Bedford, MA 02745

Phone: 508-998-3254
Fax: 508-998-5632
www.fisher.edu/bsn

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

PERSONAL INFORMATION

Start Term: Fall (September) Spring (January)

Model: Two Year Four Year

Applicant's Name: _____ Sex: Male Female
First Middle Last

SS#: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Mailing Address: _____
Street

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____

Are you a U.S. Citizen?

Yes No

If you are not a citizen of the United States, what will be your immigration status while you are attending Fisher? (Check one)

Permanent Resident (Green Card) Student Visa Other (Specify) _____

What is your first language _____

Are you a veteran of the United States Armed Forces? Yes No

Have you ever been convicted of a misdemeanor or a felony?

Yes No

If yes, please explain on a separate sheet.

Have you ever been placed on probation, suspended, expelled, or refused readmission to any other college/university or school?

Yes No

If yes, please enclose an explanation on a separate sheet. If the reason was other than academic, the institution's Dean of Students must also submit a letter of explanation. Your application will be considered incomplete without this information.

EMPLOYER INFORMATION

Employer Name: _____

Employee Address: _____
Street

City: _____ State: _____ Zip: _____

Telephone Number: _____ - _____ - _____ Email: _____

EMPLOYMENT HISTORY

Year(s): _____ Employer: _____ Job Title: _____

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Year(s): _____ Employer: _____ Job Title: _____

HIGH SCHOOL

High School Attended: _____ Dates of Attendance: from _____ to _____

Street Address _____ City _____ State _____

Year of Graduation from High School: _____ G.E.D. (Date): _____

COLLEGE/DIPLOMA SCHOOL

Have you ever attended college before (including any other Fisher College location)? Yes No

College/Diploma School Attended: _____ Dates of Attendance: from _____ to _____

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Note: It is your responsibility to request that your high school guidance office forward to the College any official copy of your secondary school transcript. Transfer students must also submit official transcripts from all post-secondary schools and colleges attended.

ADMISSIONS APPLICATION PROCEDURES

Each application file is reviewed on an individual basis and all submitted materials are taken into consideration. Application review for the fall semester begins in May and application review for the spring semester begins in September. Applicants will be notified in writing. **Please note that there is a \$50 application fee.**

Admissions Requirements:

- A completed application form.
- Official transcripts for all high schools and colleges attended (copies will not be accepted).
- Official test scores from students who completed their General Education Development Program (GED) in lieu of high school.
- A copy of your current unrestricted Massachusetts RN license.
- Prerequisites with an earned grade of C or higher:
- 36 credits or equivalent from AD/Diploma program.
- Current American Heart Association Health Care Provider identification.
- Proof of health insurance.
- Complete health and immunization records.
- Satisfactory CORI (Criminal Offender Record Information) and SORI (Sexual Offender Record Information). Conviction of a serious offence may result in denial of enrollment or dismissal from the program.
- Students may be refused admission when they do not meet the standards prescribed for any admission category or if the submit transcripts found to be fraudulent.

Do you intend to apply for financial aid? Yes No (for U.S. citizens or permanent residents only)

Are you of Hispanic or Latino descent? Yes No

Which race(s) best describe(s) you? You may check more than one.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian

I agree to comply with all the rules and regulations of Fisher College as printed in the catalog or otherwise prescribed, and to meet all financial obligations incurred by my attendance at Fisher. I give permission for Fisher College to use, in booklets or other promotions, any College photograph in which I may appear. I hereby certify that all the information stated on this application is complete and accurate.

Signature of Applicant

Date

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, marital status, or religion in the recruitment, admission, access to, or treatment of students; the recruitment, hiring or treatment of faculty and staff; or the other operation of its activities and programs, as specified by state and federal laws, including Titles 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 Human Resource Manager, Fisher College, 118 Beacon Street, Boston MA 02116