



BELLARMINE UNIVERSITY

Cisco Certifications

School of Continuing & Professional Studies

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ID# (office use only) _____

MR/MS _____
First M.I. Last

Home Address _____ City/State _____ Zip _____

Hm Ph _____ Daytime Ph _____ Cell Ph _____

Email _____

COURSE #	COURSE TITLE	DATES	FEE	Selection
PROF 500	Cisco Certified Network Associate	Jan. 9 – Apr. 23 (except Jan. 16)	\$3995	
PROF 503	Cisco CCNP Routing/Troubleshooting	Apr. 30 – Aug. 13 (except May 28)	\$3995	
PROF 504	Cisco CCNP Switching/Troubleshooting	TBD	\$3995	

Total Fee: _____

Visa Discover
Mastercard Amex

Sec Code: _____ Exp: _____

Signature: _____ Paid by Check # _____ (Make payable to Bellarmine University)

Billing Address on card (if different from above) _____

Office Use: Received _____ Registered _____ Drop/Withdraw _____

Refund % _____ (all but \$10) CK/CC \$ _____ Refund Sent _____

T R X NOTE: _____

Parking Tag# _____