



## Application for Accelerated Executive Certificate in Financial Planning Program

## PLEASE PRINT

Full Name			SS#	SS# (last 4 digits)	
Position/Title		(	Organization		
Home Address		City, Sta	te, Zip		
Work Phone		Cell Pho	one		
E-mail Address (daytim	e)				
The Certif	icate in Financial l	Planning Program	begins Friday, Sep	otember 16, 2016	
A nonrefunda	ble, 10% deposit (\$4		(6 courses) is \$4,200. lication – balance due y August 19, 2016		
	Deadline t	to register – A	august 26, 2016	Ó	
Refund policy: 50% refund through Sept. 29; no refund after Sept. 29					
	on without one of the	se documents, you w	ill receive "conditiona	, a resume, or a work history. If al approval" until we receive and ag:	
☐ Official Transcript	☐ Resume	☐ Work	History		
2001 Nev	e University	Fax to: 502.272.82		I	
Bellarmine reserves the	right to cancel the p	rogram if there is n	ot sufficient enrollme	ent.	
Office Use: Received		Registered	Drop/Withdraw	·	
Refund %	CK/CC \$	-		Refund Sent	
T R X NOTE:					
Visa Discover					
Mastercard Amex			Security Code:	Exp:	
Signature:		Paid by Check #	(Make pa	ayable to Bellarmine University)	
Billing Address on card (if dif	ferent from above)				