



**THE NATIONAL UNIVERSITY OF SAMOA
CISCO ACADEMY
ENROLMENT**



PERSONAL DETAILS:

Firstname: _____ Lastname: _____

Address: _____

Email: _____ Birthdate:(dd/mm/yyyy) _____

Phone#: Work _____ A/Hours _____

Gender: Male Female

COURSE DETAILS: (Please tick)

ITE CCNA1 CCNA2

SPONSORSHIP: (Please tick)

Government Company Self Other

Sponsor Name (if sponsored) _____

If your fee is not paid during enrolment, please indicate when your fees will be paid. (dd/mm/yyyy)

(All fees must be paid in full 2 weeks after class starts)

AVAILABILITY: (Please tick)

Weekdays Daytime After Hours Weekends

Both Weekdays Daytime and After Hours including Weekends

(Class schedules will depend on the availability of the instructors as well as enrolled students.)

I agree that I will abide by the rules and regulations of the CISCO Academy and the host organization being the National University of Samoa and will exercise caution in handling of all equipment and tools offered by the Academy.

I will also pay all outstanding fees owed to the Academy 2 weeks after course starts.

Signature: _____ Date: _____