



STUDENT ENROLLMENT FORM

Company Name: _____

Please provide the information requested below. Please ensure that all the information is provided. Please print unless otherwise indicated. All the information MUST be provided and PRINTED CLEARLY to be registered. Your grade will be sent by Brandman University to the address listed below. You must then send a copy of your grade to your company if you are using tuition assistance.

Birth date: _____ / _____ / _____ Mr. / Ms. (circle)	
First Name: _____ Middle Initial: _____ Last Name: _____	
Home Address: _____ Apt #: _____	
City/State/Zip: _____	
Work Location: _____ Job Title: _____	
Mobile: (_____) _____ - _____ Personal Email: _____	
Education Specialist: Sheryl Kinzel Phone: 949-281-9688 Fax: 949-613-8345 Email: skinzel@mail.brandman.edu	

Circle the Session you Would like to Attend:

Session #1-8:30AM- 10:45AM (EST)

Session #2- 5:30PM- 7:45PM (EST)

Session #3- 7:45PM- 10:00PM (EST)

Session #4- 10:00PM- 12:15AM (EST)

Brandman Class #	Start Date	End Date	Course Title	Location	Fee
TECU8001	9/7/21	9/23/21	Introduction to Networks	Live Online	\$1665
TECU8002	10/18/21	11/4/21	Routing & Switching Essentials	Live Online	\$1665
TECU8003	11/29/21	12/16/21	Scaling Networks	Live Online	\$1665
TECU8004	1/3/22	1/20/22	Connecting Networks	Live Online	\$1665
Total Fees Due:	\$6660				

Class Cancellation & Rescheduling Policy: In order to provide the most experienced instructors and a superior classroom environment, we must ask you to adhere to our cancellation policy. We reserve the right to reschedule a class at any time should circumstances make it necessary. In this unlikely event, full credit will be applied to the next regularly scheduled course. In cases of illness, a death in the family or other cases that are approved by both the Director and the student's instructor, a leave of absence will be granted. Student is responsible for rescheduling any missed class(es). If you drop the class within 14 days of the beginning of the class for any other reasons other than the ones stated above you NOT your company's tuition assistance program will be charged the full amount of the listed tuition. **By my signature below, I am indicating that I have read and acknowledge this cancellation policy.**

SIGNATURE OF STUDENT Registering With BRANDMAN UNIVERSITY:

Name

Date

Sign and FAX this form to: (949) 613-8345 Attn: Sheryl Kinzel

E-mail: skinzel@mail.brandman.edu