



Application for the Cisco Certified Networking Associate (CCNA) Course for 2021

Name		
Identity No.		
	Home Address	Work Address
Tel. No. (H) Tel. No. (W) Fax No. Email:		
Occupation		

Specify clearly previous computer-related experience and qualifications/certification (with dates):

How/where did you find out about the course?

PLEASE NOTE:

- **Cancellation of the course must be in writing**
- If your company is paying the course fees, attach a letter from the company specifying that they are responsible for payment.

Please scan and email completed the Application Form to
farren.foutie@mandela.ac.za and **kerry-lynn.thomson@mandela.ac.za**

I hereby apply to attend the above-mentioned course and accept the
conditions as outlined above:

APPLICANT SIGNATURE

DATE