

COURSE ENROLLMENT FORM

FASTLANE TO CYBERSECURITY

| Please print all information: | | | |
|---|---|----------------------------------|---------------------|
| Name: | | DOB: | |
| Home Address: | | City: | |
| State: | | Zip Code: | |
| Telephone # (Home): | | Cell #: | |
| Employer's Name: | | | |
| Employer's Address: | | | |
| City: | State: | | Zip Code: |
| E-Mail Address: | | | |
| Campus Location:(Canas | stota, Oneonta or Utica) | Dates: | |
| Program: | FASTLANE TO CYBERSE | CURITY | |
| <u>Remember</u>: Program participa Madison, Oneida or Otsego Co Driver's License. (U.S. Departr Eighteen (18) years of age. | unties, in possession of a | valid birth cer | tificate and N.Y.S. |
| SIGNATURE: | | Date: | |
| <u>Please return to:</u> | Corporate and Workforce Deve USCThe Business College 201 Bleecker Street Utica, NY 13501 | - | |
| <u>Or FAX to:</u> | 315/733-9281 | | |
| For further information please call: | 315/733-2309 ext. 2237 | | |
| | www.uscny.edu admissions@uscny.edu | | |
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