

Course ID \_\_\_\_\_

LAST NAME \_\_\_\_\_

\$

Pay Rcv'd:  \$8 s&h

### Enrollment Agreement WYATT INSTITUTE OF REAL ESTATE

**THIS IS A LEGALLY BINDING CONTRACT**

Please enroll me in the **Property Management – pre-licensing course** starting on:

/ / (MON) - Night

Have you attended classes here before? **Yes or No**

Social Security # (required)

Legal Name **THIS SHOULD MATCH YOUR DRIVERS LICENSE**

Nickname or Name you prefer to be called in class

Student Address

City State Zip Code

Home Phone Business Phone

Fax Number Cell Phone Number

Company Name (if applicable)

E-Mail Address

How did you hear about us?

INITIAL: (before both statements below)

I understand the Terms and School policies are a part of this Enrollment Agreement. I am keeping a copy for my records.

I understand if I don't attend and don't notify Wyatt Institute as required in #2 of Terms and Policies, I will forfeit \$75.

Signature of Student

Today's Date

710 E. North Street Greenville, SC 29601  
(864) 233-1514 or (800) 922-9252  
Fax (864) 233-0308  
[www.wyattinstitute.com](http://www.wyattinstitute.com)

Total amount paid with Enrollment Agreement:

\$

### Payment Choices to Enroll

- FULL Tuition & mail reading material .....\$323
- FULL Tuition (do not mail reading material) .....\$315
- DEPOSIT\* and mail reading material .....\$103
- DEPOSIT\* & reading material (do not mail) .....\$95
- DEPOSIT\* only .....\$75

\*Balance due by 3pm on the Thursday before class begins.

### Method of Payment

Check / Cash (Mailing in or registering at our office only)

Number

Charge to credit card: (Visa, MasterCard)

Acct.#

Expiration Date

/

CVV

Name on Card

Billing Address#

Billing Zip

Agreement Submitted: Date: / / Time: \_\_\_\_\_

*Charles D. Wyatt Jr*  
Wyatt Institute, President

### MAIL OR FAX THIS PAGE ONLY TO WYATT INSTITUTE TO ENROLL

Office use only

Student

Student

Conf

Conf

Inventory

Dates completed: B -

Form

Course

Ltr 1

Ltr 2

Sold Form