		\$	
Course ID	I AST NAME	=	Amount Received

Enrollment Agreement WYATT INSTITUTE OF REAL ESTATE

THIS IS A LEGALLY BINDING CONTRACT

Please enroll me in the Salesperson Unit 2	2
Advanced Real Estate Principles course,	,
Modules A-E starting on:	

	Month:	Day:(Day Class	
Hav	e you attended clas	sses here befor	e? Yes / No
Soci	al Security # (require	ed)	
Lego	al Name THIS SHOUL	D MATCH YOUR	DRIVERS LICENSE
Nick	kname or Name you p	prefer to be calle	ed in class
Stud	ent Address		
City		State	Zip Code
Hom	ne Phone	Business I	Phone
Fax	Number	Cell Phon	e Number
Com	npany Name (if appli	icable)	
	ail Address you licensed in SC?	If yes, license ex	pires on: / /
of	understand the Terr this Enrollment Ag or my records.		
In	understand if I don's stitute as required in the street \$150.		on't notify Wyatt and Policies, I will
Sign	ature of Student		 -
Toda	ay's Date		

710 E. North Street Greenville, SC 29601 (864) 233-1514 or (800) 922-9252 **Fax** (864) 233-0308

www.wyattinstitute.com

Total amount	paid with Enrol	llment Agreement:
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Total amount paid with Emonment Agreement.			
\$			
Payment Choices to Enroll			
Full Amount (I will start on Monday and take all five (5) days in same week)\$300			
Deposit only (balance due by 3 pm on the Thursday before class begins)\$150			
Class Spli	tting OI	PTION:	
☐ Split c	lasses o	ver Two months	\$310
☐ Split c	lasses o	ver THREE months	\$320
		ver FOUR months	
		ver FIV E months	
I UNDERSTAND that splitting classes will cost me an additional \$10/each month for records management. I plan to attend one or more day per month for <i>up to</i> five consecutive months. I understand I must start and finish within five months or pay an additional \$50 per class taken beyond five months.			
Course #	Day	Course Name	Course Date
Mod A	Mon	Agency & Prop Disclosure	
Mod B	Tue	Real Estate Contracts	
Mod E	Wed	Investment and Taxation	
Mod C	Thur	Ethics and Real Estate	
Mod D	Fri	Measurements & Valuation	
В	Begin Ti	me: 9:00am – End Time: 3:3	Орт
Method of Payment			
Check / Cash (Mailing in or registering at our office only)			
Number			
Charge to credit card: (Visa, MasterCard)			
Acct.#			

Charles D. Wyatt J. Wyatt Institute, President

 CVV

Billing Zip

MAIL OR FAX THIS PAGE ONLY TO WYATT INSTITUTE TO ENROLL

Office use only	Student	Student	Conf	Conf	Dates
Dates completed: B -	Form	Course	Ltr 1	Ltr 2	Entered

Expiration Date

Name on Card

Billing Address#