

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

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

\$ \_\_\_\_\_

\$22 s&h

# ONLINE Video Enrollment Agreement WYATT INSTITUTE OF REAL ESTATE

**THIS IS A LEGALLY BINDING CONTRACT**

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)

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

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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

Social Security # (required) \_\_\_\_\_

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

Nickname or Name you prefer to be called \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

I understand no refund is due once the course materials  
are mailed or given to me.

Signature of Student \_\_\_\_\_

Today's Date \_\_\_\_\_

Total amount paid with Enrollment Agreement:

\$ \_\_\_\_\_

## Tuition

- Full Amount and pick up materials from office.....\$300  
 Full Amount and mail materials.....\$322

## Method of Payment

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

Check Number: \_\_\_\_\_

- Charge to credit card: (Visa, MasterCard)

Acct.#	_____		
Expiration Date	_____	CVV	_____
Name on Card	_____		
Billing Address#	_____	Billing Zip	_____

**Mail or Fax THIS PAGE ONLY  
to Wyatt Institute to enroll**

  
Wyatt Institute, President

**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