Course ID _____ LAST NAME _____ $ _____ Amount Received

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

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

Month: ___ Day: ____ Year: _____
(Day Class)

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 in class

Student Address

City State Zip Code

Home Phone Business Phone

Fax Number Cell Phone Number

Company Name (if applicable)

E-Mail Address

Are you licensed in SC? If yes, license expires on: / /

✓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 #3 of Terms and Policies, I will forfeit $150.

Signature of Student

Today's Date

Total amount paid with Enrollment Agreement:

$

Payment Choices to Enroll

☐ Full Amount (I will start on Monday and take all five (5) days in same week) $325

☐ Deposit only (balance due at 3 pm Thursday before class begins) $150

Class Splitting OPTION:

☐ Split classes over **TWO** months $335

☐ Split classes over **THREE** months.....$345

☐ Split classes over **FOUR** months $355

☐ Split classes over **FIVE** months.....$365

____ 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 *up to* 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	
Begin Time: 9:00am – End Time: 3:30pm			

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	

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	Dates
Dates completed: B -	Form	Course	Ltr 1	Ltr 2	Entered