

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

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

\$

Pay Rcv'd:  \$9 s&h

<b>Enrollment Agreement</b>		710 E. North Street Greenville, SC 29601 (864) 233-1514 or (800) 922-9252 <b>Fax</b> (864) 233-0308 <a href="http://www.wyattinstitute.com">www.wyattinstitute.com</a>
<b>WYATT INSTITUTE OF REAL ESTATE</b>		
<b>THIS IS A LEGALLY BINDING CONTRACT</b>		

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

/ / (MON) - Night
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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
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Home Phone	Business Phone
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Fax Number	Cell Phone Number
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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

Total amount paid with Enrollment Agreement:

\$
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### Payment Choices to Enroll

- FULL Tuition & mail reading material\* ..... **\$344**
- FULL Tuition (do not mail reading material\*)... **\$335**
- DEPOSIT\* & mail reading material\* ..... **\$104**
- DEPOSIT\* & reading material\* (office pick up)... **\$95**
- DEPOSIT\* only..... **\$75**

**\*The reading material is not returnable; once the student takes possession of the reading material, \$20 is non-refundable.**

### Method of Payment

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

Number	
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Charge to credit card : (Visa, MasterCard, Discover)

Acct.#			
Expiration Date		3-digit security code	
Name on Card			
Billing Address#		Billing Zip	

*Charles D. Wyatt Jr*  
Wyatt Institute, President

**MAIL OR FAX THIS PAGE ONLY TO WYATT**

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