

Office Use Only			\$	
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Course ID

LAST NAME

Pay Rcv'd:  \$9 s&h

## Enrollment Agreement WYATT INSTITUTE OF REAL ESTATE

**THIS IS A LEGALLY BINDING CONTRACT**

Please enroll me in **Brokerage Management**  
**and/or Broker Exam Prep** starting on:

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

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)

### Payment Choices to Enroll

- The textbook for 3B is not returnable; taking the book makes \$45 non-refundable.
- If you want the book mailed to the address you provide on this form, there is a \$9 shipping fee.

- FULL** tuition 3A & 3B .....\$680
- FULL amount **3A ONLY**.....\$325
- FULL amount **3B ONLY**.....\$355
- Deposit** (remaining balance must be paid before class)
- Deposit for **ONE** Class .....\$75
- Deposit for **BOTH** Classes.....\$150

**\* B O O K O P T I O N \***

- I would like the **book prior** to the start of *Unit 3B* class
- If paying deposit only, add \$45 to deposit amount
- I will plan to come by the office to pick up the book
- Mail to address provided. Add shipping fee ..... \$9
- I UNDERSTAND that taking the book makes \$45 of the tuition/deposit paid non-refundable.

### Method of Payment

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

<input type="checkbox"/> Charge to credit card : (Visa, MasterCard)			
Acct.#			
Expiration Date		CVV	
Name on Card			
Billing Address#		Billing Zip	

  
Wyatt Institute, President

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

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