

Course ID _____

LAST NAME _____

\$

Pay Rcv'd: \$10 s&h

Enrollment Agreement		710 E. North Street Greenville, SC 29601 (864) 233-1514 or (800) 922-9252 Fax (864) 233-0308 www.wyattinstitute.com
WYATT INSTITUTE OF REAL ESTATE		
THIS IS A LEGALLY BINDING CONTRACT		

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

/ / (MON) - Night

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:

\$

Payment Choices to Enroll

- FULL Tuition & mail reading material* **\$355**
- FULL Tuition (do not mail reading material*)... **\$345**
- DEPOSIT* & mail reading material* **\$105**
- 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	


Wyatt Institute, President

MAIL OR FAX THIS PAGE ONLY TO WYATT INSTITUTE TO ENROLL

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