

Course ID _____

LAST NAME _____

\$

Pay Rcv'd: _____

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

Home Phone Business Phone

Fax Number Cell Phone Number

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 #3 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..... **\$321**
- FULL Tuition (do not mail reading material) **\$315**
- DEPOSIT* & mail reading material..... **\$101**
- DEPOSIT* & reading material (do not mail)..... **\$95**
- DEPOSIT* only..... **\$75**

Method of Payment

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

Number	
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<input type="checkbox"/> Charge to credit card : (Visa, MasterCard, Discover)			
Acct.#			
Expiration Date		3-digit security code	
Name on Card			
Billing Address#		Billing Zip	

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