AUGUSTA SCHOOL OF REAL ESTATE
COURSE APPLICATION

Full Name (as it appears on your driver's license):

_____

(First) (Middle) (Last)

Address: _____

_____

SSN #: _____ Date of Birth: _____

Home Phone: _____ Business/Cell: _____

Email: _____

_____ I hereby apply for the 75 hrs. Salesperson Study Course at a cost of $450

_____ I hereby apply for the 25 hrs. Real Estate Post License course at a cost of $250

Return this application with your tuition.
Tuition is not refundable after classes begin.
Payments may be made by personal check, cash or money order.

"I acknowledge that I received a copy of the School Policy with this application and that I have read and understand it."

_____ _____

Application Signature Application Date

How did you learn about our school? _____

Return Application and tuition to:

Augusta School of Real Estate
1030 Jimmie Dyess Pkwy. Ste. 7
Augusta, GA 30909
706-364-7653