

AUGUSTA SCHOOL OF REAL ESTATE

COURSE APPLICATION

Full name as it appears on your driver's license:

(First)

(Middle)

(Last)

Home Address to include full/correct zipcode:

SSN (required by the Georgia Real Estate Commission for state testing)

Birthdate: _____

Cell Phone: _____

Email: _____

Please Check Course Attending:

_____ I hereby apply for the 75 Hour Salespersons Pre License Class

_____ I hereby apply for the 25 Hour Post License Class

Please initial:

_____ I have read and fully understand the school's policies that are located on the school website and I acknowledge that refunds are not offered for any reason at any time.

Payments made be made online at augustaschoolofrealestate.com via the paypal link, or by check, cash, or money order in person at 1030 Jimmie Dyess Pkwy Suite 4 Augusta, GA 30909.

_____ Date: _____

How did you learn/hear about our school? _____

Augusta School of Real Estate
1030 Jimmie Dyess Pkwy Ste. 7
Augusta, GA 30909 | 706.364.7653