
 FIRST MI. LAST NAME
 S.S.# - -
 TELEPHONE # _____ Email : _____

 ADDRESS CITY STATE ZIP CODE
 PERSON TO NOTIFY IN AN EMERGENCY : _____
 NAME TELEPHONE #

COURSE TITLE: _____
 STARTING DATE _____ ENDING DATE _____
 TIMES -- DAY: FROM : TO :

UPON SATISFACTORY COMPLETION OF THE PROGRAM, SATISFACTION OF ALL FINANCIAL OBLIGATIONS TO THE SCHOOL, AND SATISFYING THE ATTENDANCE REQUIREMENTS, A CERTIFICATE OF COMPLETION WILL BE MAILED TO THE STUDENT. THE TEXTBOOK(S) WILL BE PURCHASED FROM THE SCHOOL AND WILL BECOME THE PROPERTY OF THE STUDENT.

TUITION: \$ _____
 REGISTRATION: \$ _____
 TEXTS AND MATERIALS: \$ _____
 TOTAL \$ _____

REGISTRATION FEES AND TUITION FEES ARE SUBJECT TO THE REFUND POLICY CONTAINED IN THIS AGREEMENT (THE FOLLOWING REFUND POLICY APPLIES ONLY TO PRE-PAID TUITION AND FEES.) I UNDERSTAND THAT I HAVE PAID THE AMOUNTS LISTED ON THIS AGREEMENT WHICH REPRESENTS THE TOTAL COST OF MY PROGRAM. IF THE INSTITUTION CLOSES, CANCELS, OR DISCONTINUES A COURSE OR PROGRAM, I WILL RECEIVE A FULL REFUND. ALL FEES PAID BY ME WILL BE REFUNDED IF I CHOOSE NOT TO ENROLL IN THE SCHOOL WITHIN A 7 DAY PERIOD AFTER SIGNING AN ENROLLMENT AGREEMENT. IF I CHOOSE NOT TO ENROLL AFTER THE 7 DAY CANCELLATION PERIOD, BUT BEFORE THE FIRST DAY OF INSTRUCTION, THE SCHOOL WILL CHARGE THE REGISTRATION FEE. ONCE I BEGIN CLASS, THE REFUND POLICY GIVEN BELOW WILL BE FOLLOWED:

| | |
|---------------|------------|
| LESS THAN 10% | 90% REFUND |
| 10% TO 20% | 80% REFUND |
| 20% TO 30% | 60% REFUND |
| 30% TO 40% | 40% REFUND |
| 40% TO 50% | 20% REFUND |
| MORE THAN 50% | NO REFUND |

ALL REFUNDS WILL BE MAILED WITHIN 30 DAYS OF WRITTEN NOTIFICATION OF WITHDRAWAL FROM THE PROGRAM. TEXTBOOKS PURCHASED FROM THE SCHOOL AND RECEIVED BY THE STUDENT BECOME THE PROPERTY OF THE STUDENT AND NO REFUNDS WILL BE PAID. HOWEVER IF THE TEXT HAS NO MARKING OR WRITINGS OF ANY KIND WHATSOEVER THE SCHOOL AT ITS OPTION MAY REPURCHASE THE TEXT FROM THE STUDENT.

1. COMPLETION OF THE PROGRAM
2. SATISFACTORY ATTENDANCE
3. SATISFACTION OF ALL FINANCIAL OBLIGATIONS TO THE SCHOOL
4. 70% PASSING GRADE ON THE FINAL EXAM
5. A WRITTEN REQUEST FOR REFUND MUST BE MADE TO THE DIRECTOR OF THE SCHOOL.

I HEREBY CERTIFY THAT: 1. THE ED SMITH SCHOOL LLC THE RIGHT TO CANCEL MY ENROLLMENT IF ALL THE SCHOOL'S POLICIES AND PROCEDURES ARE NOT STRICTLY ADHERED TO. 2. I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS OF THIS AGREEMENT. 3. I HAVE RECEIVED A COMPLETED COPY OF THIS ENROLLMENT AGREEMENT. 4. I HAVE RECEIVED A COPY OF THE SCHOOL CATALOG. 5. I MUST MEET ALL ATTENDANCE, ACADEMIC, AND FINANCIAL OBLIGATIONS OF THE SCHOOL IN ORDER TO RECEIVE A CERTIFICATE OF COMPLETION OR ANY OTHER INFORMATION VERIFYING ATTENDANCE. 6. I HAVE BEEN INFORMED THAT THE ED SMITH REAL ESTATE SCHOOL CANNOT PROMISE OR GUARANTEE EMPLOYMENT OR SALARY OR PASSING THE STATE REAL ESTATE EXAM.

_____ < **SIGNATURE OF STUDENT** and DATE
 ENROLLMENT FEE AND TUITION OF \$ _____ WAS RECEIVED ON _____ BALANCE DUE BEFORE FIRST CLASS
 BOOKS TO BE PURCHASED AT FIRST SESSION \$ _____
 DATE ACCEPTED BY DIRECTOR _____
 _____ EDWARD J. SMITH, DIRECTOR