

Loretta J. Chmura
 President/Broker
 Realtor G.R.I. A.B.R.
 A.B.R.M.

MIDDLETON
 REAL ESTATE TRAINING, INC.
 PH:248-885-8311 FAX:248-885-8435
APPLICATION

Main Office:
 901 Tower Dr. Suite#120
 Troy, MI 48098

www.middletontraining.com

NAME (first, middle, last)		
ADDRESS (number, street, apt#)		
CITY	STATE	ZIP
TELEPHONE ()	BUSINESS PHONE ()	
EMAIL		
DATE OF BIRTH	SOC. SEC. #	
DRIVER LICENSE NUMBER	REFERAL	

- | | | |
|---|---|---|
| <input type="checkbox"/> REAL ESTATE FUNDAMENTALS
CLASS LOCATION _____
CLASS DATE _____

<input type="checkbox"/> MORNING CLASS
<input type="checkbox"/> NIGHT CLASS
<input type="checkbox"/> 1 WEEK CRAM | <input type="checkbox"/> APPRAISAL LICENSE CLASS
<input type="checkbox"/> APPRAISAL PRINCIPLES
<input type="checkbox"/> APPRAISAL PROCEDURES
FINANCE
<input type="checkbox"/> APPLIED PRINCIPLES OF RES. APP
<input type="checkbox"/> UNIFORM STANDARDS
<input type="checkbox"/> REPORT WRITING
<input type="checkbox"/> SITE VALUATION AND COST | <input type="checkbox"/> SALES COMPARISON AND INCOME
STATISTICS, MODELING &
<input type="checkbox"/> ADVANCED RESIDENTIAL
<input type="checkbox"/> OTHER |
|---|---|---|

- | | | |
|--|---|--|
| <input type="checkbox"/> BROKER BASIC I
<input type="checkbox"/> BROKER 3 HR FAIR HOUSING
<input type="checkbox"/> REAL ESTATE LAW
<input type="checkbox"/> HOME INSPECTION
<input type="checkbox"/> ADVANCED HOME INSPECTION
<input type="checkbox"/> MORTGAGE LOAN ORIGINATOR | <input type="checkbox"/> PROPERTY MGT
<input type="checkbox"/> BROKER MGT
<input type="checkbox"/> SRES
<input type="checkbox"/> ABR
<input type="checkbox"/> OTHER | <input type="checkbox"/> BUILDER TRAINING
<input type="checkbox"/> BUILDERS PRE-LICENSE #1
<input type="checkbox"/> BUILDERS PRE-LICENSE #2
<input type="checkbox"/> BUILDERS 3 HOUR CE COURSE
<input type="checkbox"/> REVIEW CLASSES
<input type="checkbox"/> SALES <input type="checkbox"/> BROKERS <input type="checkbox"/> OTHER |
|--|---|--|

TUITION: \$	METHOD OF PAYMENT Please charge to my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/>
BOOKS: \$	Credit Card #:
\$	Expiration Date
TOTAL \$	Please give expiration date so we can process your order.

SIGNATURE	AUTHORIZED BY	
DATE	<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____	
	OFFICE USE ONLY	DEPOSIT \$
	D.E.	BALANCE \$
	A.T.B.	DEPOSIT \$
REFUND POLICY	Date Paid in Full / /	BALANCE \$

All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25.00 may be retained by the school if the applicant is denied. All tuition and fees paid by the applicant shall be refunded if requested within 3 business days after signing a contract with the school. Once the 3 days commence, there will be no refund after the first scheduled session. All refunds shall be requested in writing, and will be returned within 30 days of the request. Notwithstanding the above, refunds are not considered appropriate for individuals who have completed the course

