



The Professional Development Institute

2730 University Blvd, Suite 200,
Wheaton, MD 20902
301-949-1771 fax: 301-949-5441
www.pditraining.net

MD Real Estate Principles and Practices for Salespersons - 60 clock hours

Name: _____

Phone: _____ Evening (Cell) _____

Address: _____ City: _____

State: _____ Zip: _____ SSN: _____ - _____ - _____

Email: _____ Fax: _____

I am enrolling at THE PROFESSIONAL DEVELOPMENT INSTITUTE for a program of study in Real Estate Principles and Practices for Salespersons - 60 clock hours. (See attached schedule for dates.) The program is scheduled to begin on _____ and conclude _____. Location of the classes is _____.

I understand that I will be entitled to the privileges and bound by the conditions below:

Applicants must be at least 18 years of age and have graduated from high school or received a G.E.D. If a student does not possess a high school diploma or G.E.D., the Student must take the Wonderlic admission's test. The minimum passing score is 24.

A certificate of completion will be awarded upon successful completion of the program. Graduation requirements are as follows:

Complete 60 hours of training with no more than twelve (12) hours of make-up classes; achieve an 80% overall attendance rate; and achieve a cumulative average of 75% and 75% on the final exam; and satisfy financial obligations of the school.

Job Placement: I acknowledge that job placement and job salaries, commissions or income cannot be guaranteed by THE PROFESSIONAL DEVELOPMENT INSTITUTE, and that no effort will be made to facilitate my job search upon successful completion of the program.

Program Cost: The total cost of the program at pre-registration is **\$295.00** as follows: tuition, \$148.35; registration, \$29.50; and books, \$117.15.

I understand that I must obtain the required textbooks, which may be purchased from the school. Full payment is due upon enrollment in the class.

Refund: (1) All money paid by a student will be fully refunded if the student chooses not to enroll in, or to withdraw from, the school within seven calendar days after having signed an enrollment agreement. (2) If the student chooses not to enroll after the seven-day cancellation

period, but before the first day of instruction, the registration fee will be retained by the school.

(3) If, after the seven-day cancellation period, a student withdraws after instruction begins, refunds will be made according to the following schedule:

<u>Proportion of Total Program Taught by Date of Withdrawal</u>	<u>Tuition Refund</u>
Less than 10%	90%
10% up to but not including 20%	80%
20% up to but not including 30%	60%
30% up to but not including 40	40%
40% up to 50%	20%
More than 50%	No refund

(4) If the school closes, cancels or discontinues a course or program, the school will refund to each currently enrolled student all money paid by the student for tuition and fees and all money for which the student is liable for tuition and fees. (5) Students are requested, but not required, to notify the Director if they are withdrawing from the school. (6) Refunds are based on the last date of attendance. (7) All refunds due will be paid within 60 days of the student's last date of attendance. (8) Books purchased are the property of the student and are not refundable except within the seven day cancellation period, as noted above.

Acknowledgments: I have received a copy of THE PROFESSIONAL DEVELOPMENT INSTITUTE catalog. I have read the requirements and polices stated in the catalog for entrance, grading, attendance, conduct, leave of absence, withdrawal, and graduation. As a condition of acceptance, I agree to adhere to and abide by these requirements and policies with the knowledge that THE PROFESSIONAL DEVELOPMENT INSTITUTE has the right to cancel my contract if I do not meet attendance requirements, standards of progress or abide by the student conduct policy. The enrollment contract may be extended or modified only with the written consent of both the student and the school.

Signature of Applicant

Date

Signature of THE PROFESSIONAL DEVELOPMENT INSTITUTE

Official Date

ALL STUDENTS WILL RECEIVE AN EXACT COPY OF THE ENROLLMENT AGREEMENT. PLEASE KEEP ALL DOCUMENTS REGARDING ENROLLMENT AND FINANCIAL OBLIGATIONS.



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Payment Methods (check one):

MasterCard/ Visa: _____ Exp.Date: _____

Amount \$ _____

American Express: _____ Exp.Date: _____

Amount \$ _____

Signature required if paying by credit card _____

Cash Payment in the amount of \$ _____

Money Order/Cashier's Check \$ _____

NO PERSONAL OR COMPANY CHECK ACCEPTED. PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D WITH THIS APPLICATION.