



**Course Application**

Name _____ First Middle Last		Day Phone: ( ) _____ Evening: ( ) _____ Email _____	
Address _____ Number & Street Apt# City State Zip			
Date of Birth / /	Sex		
Which Class Dates Do You Wish To Attend? In Class Session Dates: _____ Online Sessions Dates: _____			

**School Record: List All High Schools and Colleges Attended**

School	Location	Dates Attended	Graduated/GED

**Work Experience – List Current / Last Job First - Attach Resume if Available**

Employer	Title	Job Description

In making application to the School of Business Brokerage I agree to acquaint myself with the policies and regulation of the School of Business Brokerage and if I enroll, to abide by these. I certify that all answers on this application are correct and complete and understand that providing false or incomplete answers could disqualify me for admissions or terminate my enrollment. I certify that I am a high school graduate or a GED recipient.

Signature _____	Date _____
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**Please submit this form by US Mail or Fax. A representative of the School of Business Brokerage will contact after reviewing your application.**

**School of Business Brokerage** P.O. Box 38185 Greensboro, NC 27438  
Phone 336-617-3182 Fax 800-276-0429 [www.schoolofbusinessbrokerage.com](http://www.schoolofbusinessbrokerage.com)