

**Golden Hyde School**  
 1168 San Gabriel Blvd., Suite #J  
 Rosemead, CA 91770  
 p: (626)571-0751 f: (626)571-0873

**Enrollment Form**

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1. Upon completion of your studies, return the exam answer sheet, and this completed enrollment form to Golden Hyde School for grading and processing.
2. Upon successful completion of each course (with a grade of 70% or better), a Certificate of Completion will be sent to you. If you fail (less than 70%), you may re-take the course once with a different final exam, at no additional charge. There will be an additional \$25 grading charge if you fail more than two times. Your enrollment fee covers ONE YEAR of registration. The fee is non-refundable once the student has begun his or her studies or after a period of six months has lapsed from the original enrollment date.

**Application for Enrollment**

3. Please enroll me in the following Self-Study Program(s):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Homeowners Ins. Valuation - 3   | <input type="checkbox"/> Health Ins. Principles - 10    | <input type="checkbox"/> Med., Cobra & Dis. Plans - 15 |
| <input type="checkbox"/> Annuities Training - 4          | <input type="checkbox"/> Life Insurance Principles - 10 | <input type="checkbox"/> Planning L&H Needs - 15       |
| <input type="checkbox"/> Anti-Money Laundering - 4       | <input type="checkbox"/> Princ. of Buy Sell Plans - 10  | <input type="checkbox"/> Prop. & Casualty Ins. - 15    |
| <input type="checkbox"/> Ethics and Anti-Fraud - 5       | <input type="checkbox"/> Understanding Ann. Plans - 10  | <input type="checkbox"/> Prop. & Liability Ins. - 15   |
| <input type="checkbox"/> Ethics: Guide to Success - 5    | <input type="checkbox"/> 401K & IRA Programs - 15       | <input type="checkbox"/> Under. Home. & Auto Ins. - 15 |
| <input type="checkbox"/> Ethical Responsibilities - 5    | <input type="checkbox"/> Insurance Principles - 15      | <input type="checkbox"/> Under. Pers. Prop. Ins. - 15  |
| <input type="checkbox"/> California 8-Hour Annuities - 8 | <input type="checkbox"/> Home., Auto, PP & UC - 15      | <input type="checkbox"/> Under. Prop. Liab. & MV - 15  |
| <input type="checkbox"/> California Long-Term Care - 8   | <input type="checkbox"/> Life & Health Principles - 15  | <input type="checkbox"/> Under. Umbrella Ins. - 15     |
| <input type="checkbox"/> Other: _____                    | <input type="checkbox"/> Life & Health Solutions - 15   | <input type="checkbox"/> Under. Water. & Um. Ins. - 15 |
| <input type="checkbox"/> Other: _____                    |   |  |

4. Enrollment Date \_\_\_\_\_

5. **Student Affidavit:** I hereby certify that I personally completed the course work and examination without assistance. \_\_\_\_\_

**Signature**

(FIRST)                      (MIDDLE)                      (LAST)

6. Name \_\_\_\_\_ Insurance License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Company \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Email Address \_\_\_\_\_

How would you like to receive your certificate of completion?  Email  Mail

How did you hear about us?  Been here before  Internet  Newspaper

Yellow Pages  Other  Referral/Company: \_\_\_\_\_

**For Office Use Only**

License Type: L AHS L/AHS PC	Expires:	Hours Needed:
Amount Paid:	Date:	Payment Method:
Date Received:	Test Results:	Date Certification Sent:
Date Received:	Test Results:	Date Certification Sent:

## DISCLOSURE TO STUDENTS

We are registered with the State of California. Registration means we have met certain minimal standards imposed by the state registered schools on the basis of our written application to the state. Registration does not mean we have met all of the more extensive standards required by the state for schools that are approved to operate or licensed or that the state has verified the information we submitted with our registration form.

This institution does not participate in the Student Tuition Recovery Fund (STRF). Any questions or problems concerning this school which have not been satisfactorily answered or resolved by the school should be directed to the Department of Consumer Affairs, Bureau for Private Postsecondary Education, 400 R Street, Suite 5000, Sacramento, CA 95814, (909) 445-3427.

## BUYER'S RIGHT TO CANCEL

The student has a right to cancel this enrollment agreement and obtain a refund. Students are advised that any notification or withdraw of cancellation and any request for refund must be made in writing. The written notice of cancellation need not take any particular form, if sent by mail, is effective when deposited in the mail properly addressed with postage prepaid, and address to Mr. Jimmy Hsieh, Director, Golden Hyde Real Estate Center, 1168 San Gabriel Blvd. #J, Rosemead, CA 91770.

## REFUND INFORMATION

The student has a right to a full refund of all charges less the amount of \$10.00 for the registration or processing fee if he/she cancels this agreement prior to or on the first day of instruction. Students enrolled in a correspondence course shall have the right to cancel until midnight of the eighth business day after the first lesson was mailed.

The school will also refund money collected for sending to a third party on the student's behalf such as license or application fees. If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

**My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me. This form is legally binding when signed by the student and accepted by institution.**

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SIGNATURE OF STUDENT

DATE

I certify that **GOLDEN HYDE REAL ESTATE CENTER** has met the disclosure requirements of the California Education Code Section 94931 of the Private Postsecondary and Vocational Education Reform Act of 2002.

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SIGNATURE AND TITLE OF SCHOOL OFFICIAL

DATE