

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

Enrollment Form

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

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

<input type="checkbox"/> Annuities - 2	<input type="checkbox"/> Princ. of Buy Sell Plans - 10	<input type="checkbox"/> Prop. & Casualty Ins. - 15
<input type="checkbox"/> 401(K) Plans - 3	<input type="checkbox"/> Understanding Ann. Plans - 10	<input type="checkbox"/> Prop. & Liability Ins. - 15
<input type="checkbox"/> Annuities Training - 4	<input type="checkbox"/> 401K & IRA Programs - 15	<input type="checkbox"/> Under. Home. & Auto Ins. - 15
<input type="checkbox"/> Ethics: Guide to Success - 5	<input type="checkbox"/> Insurance Principles - 15	<input type="checkbox"/> Under. Pers. Prop. Ins. - 15
<input type="checkbox"/> Ethical Responsibilities - 5	<input type="checkbox"/> Home., Auto, PP & UC - 15	<input type="checkbox"/> Under. Prop. Liab. & MV - 15
<input type="checkbox"/> Annuities 2004 - 8	<input type="checkbox"/> Life & Health Principles - 15	<input type="checkbox"/> Under. Umbrella Ins. - 15
<input type="checkbox"/> Long-Term Care 2004 - 8	<input type="checkbox"/> Life & Health Solutions - 15	<input type="checkbox"/> Under. Watercr. & Um. Ins. - 15
<input type="checkbox"/> Health Ins. Principles - 10	<input type="checkbox"/> Med., Cobra & Dis. Plans - 15	
<input type="checkbox"/> Life Insurance Principles - 10	<input type="checkbox"/> Planning L&H Needs - 15	
<input type="checkbox"/> Others (Specify): _____		

2. Enrollment Date _____

3. **Student Affidavit:** I hereby certify that I personally completed the course work and examination without assistance. _____

Signature

4. Name (FIRST) _____ (MIDDLE) _____ (LAST) _____ Insurance License # _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone # _____ Company _____
 Social Security # _____ Birth Date _____
 How did you hear about us? Old Student Friend (Name): _____
 Newspaper Yellow Pages Internet Other: _____

For Office Use Only

License Type: LX FX	Expires:	Hours Needed:
Amount Paid:	Date:	Payment Method:
Date Received:	Test Results:	Date Certification Sent: