

**REAL ESTATE 30 HOUR SUPPLEMENTAL  
COURSE APPROVAL RENEWAL APPLICATION**

**PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- **There is no fee for this application.**
- Annual registration period runs from September 1st to August 31st.

1. **PLEASE INDICATE THE COURSE CODE NUMBER:** R- \_\_\_\_\_

[ ] CLASSROOM      [ ] DISTANCE LEARNING (INTERNET/COMPUTER BASED)      [ ] BOTH

2. **EDUCATIONAL ORGANIZATION DATA**

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

3. **CLASSROOM COURSES ONLY**

**PRIMARY CLASSROOM COURSE LOCATION**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

4. **CLASSROOM COURSES ONLY**

**SECONDARY CLASSROOM LOCATIONS**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

5. **DISTANCE LEARNING EXAM LOCATIONS ONLY (MUST BE NEW YORK STATE LOCATION)**

**PRIMARY EXAM LOCATION**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

6. DISTANCE LEARNING EXAM LOCATIONS ONLY (MUST BE NEW YORK STATE LOCATIONS)
SECONDARY EXAM LOCATIONS

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

7. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to the study material or procedures for taking attendance?

[ ] Yes\* [ ] No If Yes\*, attach explanation of change.

8. Has or will there be a change in any final examination?

[ ] Yes\* [ ] No If Yes\*, attach the final examination, answer key, reference source and page and subject matter category.

9. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be a real estate licensee or licensed/certified appraiser.)

PRINT NAME

SIGNATURE OF COORDINATOR

SIGNATURE

( )

BUSINESS PHONE NUMBER

PRINT NAME

E-MAIL ADDRESS (if any)

SIGNATURE

DATE