Reset Form

RF-1 (Prelicensing)

LOUISIANA REAL ESTATE COMMISSION

PRELICENSING SCHOOL CLASS SCHEDULE

SCHOOL NAME: _____ **Certificate #:** _____

Telephone Number: _____ **FAX Number:** _____

School Course Number: _____ **Tuition Cost:** _____ **Textbook Cost:** _____

Other Costs: _____

Class Location: _____

Real Estate Course Name and Level: ☐ **RE 101** ☐ **RE 201** ☐ **RE 202** ☐ **RE 203**

CLASS SCHEDULE

DAY	DATE	TIME	SUBJECT	INSTRUCTOR

I attest that the facilities to be used for the classes scheduled as listed herein are adequate and in compliance with health and safety regulations as required by the Commission.

_____ **DATE:** _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Revised July 2003