









# BROADWAY SCHOOL OF REAL ESTATE

1009 West Grand Avenue, Hot Springs, Arkansas

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## Student Affidavit for Distance Education Courses

I certify that I have personally completed each assigned module of instruction and that my work in this course will be based on my own personal efforts, unassisted by any unauthorized individual or resource. I understand that receiving unauthorized assistance or tampering with course results will invalidate my course credit and may be a course of action under the real estate laws and regulations of my state. I also understand that this Affidavit must be notarized to be valid and I will not receive my certificate until it has been notarized and returned to the school.

\_\_\_\_\_  
Student Name – Please print your name as it appears on your license      Date of Birth (required)

\_\_\_\_\_  
License # (for CE Courses)

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### ACKNOWLEDGEMENT

STATE OF ARKANSAS )

) SS

COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, 20\_\_ before me, appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument (*Student Affidavit*) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

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## ARELLO Distance Education Course Evaluation Form

Name \_\_\_\_\_

Course \_\_\_\_\_ Completion Date \_\_\_\_\_

School \_\_\_\_\_ Delivery Method \_\_\_\_\_

Instructor \_\_\_\_\_

INSTRUCTOR	Low					High
Orientation was thorough and clear	1	2	3	4	5	
Demonstrated knowledge of course content	1	2	3	4	5	
Encouraged feedback and questions	1	2	3	4	5	
Responded to my questions quickly	1	2	3	4	5	
Instructor's support of student	1	2	3	4	5	
Instructor / student interaction	1	2	3	4	5	
CONTENT / MATERIALS	Low					High
Organization of Content	1	2	3	4	5	
Course objectives clearly stated	1	2	3	4	5	
Content was what I expected	1	2	3	4	5	
Value of resource materials	1	2	3	4	5	
Ease of use of software if CBT	1	2	3	4	5	NA
DELIVERY METHOD	Low					High
Satisfied with my learning experience	1	2	3	4	5	
Course provided interactivity with instructor	1	2	3	4	5	
Course provided interactivity with other students	1	2	3	4	5	
Program met my needs	1	2	3	4	5	
Degree of problems with self paced instruction	1	2	3	4	5	
If this course utilized any technologies, such as the Internet or TV, please rate your satisfaction with the technologies	1	2	3	4	5	

How was the orientation session accomplished? \_\_\_\_\_

If this was a pre or post license course, were you given either state exam information or original licensing information in the orientation session? \_\_\_\_\_

Who answered your questions regarding course content? \_\_\_\_\_

Were they able to sufficiently help you? If not, please explain. \_\_\_\_\_

What suggestions do you have to improve this program? \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_