



**REAL ESTATE CONTINUING EDUCATION SPONSOR
REQUEST FOR APPROVAL OF SIGNIFICANT CHANGE(S)**

State Form 50664 (R2 / 8-14)

**PROFESSIONAL LICENSING AGENCY
INDIANA REAL ESTATE COMMISSION**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3009
Fax: (317) 233-4236
E-mail: pla9@pla.in.gov

Name of sponsor	Continuing Education sponsor number	Date (month, day, year)
-----------------	-------------------------------------	-------------------------

NAME OF NEW DIRECTOR: (Include verification of degree (transcript) if applicable, and resume indicating qualifications.)

INSTRUCTOR(S): (Attach an instructor application for all instructors not previously approved. Do not indicate instructors that have been previously approved for you.)

COURSE TITLE(S)	INSTRUCTOR NAME(S)	INSTRUCTOR PERMIT NUMBER

NEW OR CHANGING COURSE(S): (Include detailed outline for each course.) Indicate number of hours in the "Course Hours" box.

COURSE TITLE(S)	COURSE HOURS

COUNCIL COMMENTS:

SIGNED: