

**MISSISSIPPI REAL ESTATE COMMISSION  
CONTINUING EDUCATION RENEWAL REQUEST**

**IN ORDER FOR YOUR COURSE TO BE RENEWD, YOU MUST SUBMIT THE FOLLOWING INFORMATION.**

Provider's Name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Provider's Phone #: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Approval Code: \_\_\_\_\_

No. of Hrs. Requested: \_\_\_\_\_

Instructor(s) Name(s): \_\_\_\_\_

Note: If Instructors are different from previous approved, please submit their biographies.

Synopsis of Course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THERE HAS BEEN A SUBSTANTIAL AMOUNT OF CHANGES TO YOUR ORIGINAL COURSE OUTLINE OR MATERIAL PLEASE SUBMIT A NEW COURSE APPLICATION.**

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_