



CCIM Institute
Equipping the world's best minds in commercial real estate

**Konkuk University Fast Track
Application for CCIM Institute Candidacy**

Name: _____ Date: _____

Company: _____

Business Address: _____

City: _____ State/Province: _____ Postal Code: _____

Business Phone: _____ Fax: _____

Cell Phone: _____ E-mail Address: _____

Under this agreement a person completing the Master of Real Estate Science program from Konkuk University, wishing to become a CCIM designee:

- Must submit a CCIM University Fast Track Application and apply for Candidacy
- Must submit evidence of completion of the Masters in Real Estate program.
- Upon approval of the University Fast Track Application, to be given credit for the following three core courses:
 - CI 101 Financial Analysis
 - CI 102 Market Analysis
 - CI 104 Investment Analysis
- Must successfully pass CI 103 User Decision Analysis
- Must complete the 2-day Course Concepts Review (CCR)
- Must fulfill CCIM Institute's Portfolio of Qualifying Experience requirement. The portfolio must go through the Institute's approval process.
- Must pass the comprehensive exam.

Application Submission

Contact the CCIM Korea Chapter to register for the **CI 103 User Decision Analysis course** and to become a candidate of the CCIM Designation Program. The cost of candidacy is **US\$195, however it is prorated based on application date.** See chart below:

JOIN DATE	2011 DUES
January 1 - March 31	US\$195
April 1 - June 30	US\$146
July 1 - September 30	US\$98
October 1 - December 31	US\$49 + US\$195 =US\$244 (includes next year's dues)

Contact:

[CCIM Korea Chapter](#)
+82-2-2052-8005/6
ccimnet@yahoo.co.kr

Sign below to indicate your agreement with the following terms and conditions of membership:

I, the undersigned, hereby apply for candidate membership in the CCIM Institute. Fast Track Candidates have 24 months from the date of candidacy to complete the CCIM Education Program. In making this application, I hereby fully understand the contents and force of this agreement and bind myself to it. I understand that I must pay annual dues in a timely manner in order to remain a candidate in good standing with the CCIM Institute. Annual Dues are currently **US\$195**. As a candidate, I shall be bound by the CCIM Institute's Bylaws and CCIM Code of Ethics. I hereby waive all claims against the CCIM Institute or any of its officers, members, or employees as individuals or as a group, for any official act in connection with the business of the CCIM Institute, including but not limited to acts admitting me to candidacy, advancing me as a candidate, or suspending, expelling, or otherwise disciplining me as a candidate. The CCIM Institute reserves the rights to change its requirements periodically to reflect curriculum and industry changes. I understand that in order to retain candidate membership status, I must maintain my membership in good standing with the CCIM Institute. I understand that the CCIM designation is a federally registered trademark and that the CCIM Institute has the authority to license the designation to its members upon certain terms and conditions. I shall not use the CCIM designation in any manner including the designation name, initials or emblem in my advertising, brochures, contracts or documents until I have earned the designation. During my candidacy, I shall only refer to myself as "candidate member of the CCIM Institute, pursuing the CCIM Designation" in a resume presented to a prospective employer. I understand that all other representations of candidate membership status are prohibited and subject to disciplinary action, including termination. I understand that misuse of the CCIM designation, violation of the CCIM Institute Bylaws, CCIM Code of Ethics, or the commission of criminal or other unlawful activity may result in the termination of candidacy. Upon termination of my candidacy, I will immediately desist from referring to myself as candidate member of the CCIM Institute.

Indicate preferred method of payment (Credit Card payment is required for phone or fax registration.)

- Visa MasterCard American Express Check Enclosed

Account Name: _____

Account Number: _____ Expiration Date: _____

Signature: _____