



EBS MASTERS

EXAM REGISTRATION FORM

Date _____

Ms. Shelley Denholm
Distance Learning MBA Programme Administration Dept.
The Edinburgh Business School
Heriot-Watt University
Riccarton Edinburgh EH1 4 4AS

Dear Ms. Denholm,

RE: Mr. /Mrs. /Ms. _____ **SID#** _____

☐ I enclose a cheque/bank draft (payable to the Edinburgh Business School) for £_____

COURSE NAME	First Attempt	Resit	Exam Diet				Year	Location North or South
			March	June	Aug	Dec		
-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Other: _____

Yours sincerely,

SIGNATURE

PRINT NAME