

MBA ORDER FORM Heriot-Watt University Masters Programme



SCHOOL OF BUSINESS & COMPUTER SCIENCE

Personal Information (Pl	ease	write in Block Capitals)			
SID No. (existing students	only)	Ne	ew Student SBCS ID #	
Title: First Nar	ne:		Su	rname:	
Mailing Address:			Ac	ldress Changed: YES NO	
Home Telephone:		Mobile Ph	one:		
Business Phone:		Date of Bi	rth:		
		(dd/mm/yy	yy)		
Primary E-Mail:		Alternative	e E-N	Iail:	
Company Name:		Job Title:			
Core Courses		Elective Courses		Elective Courses	
		Derivatives		Marketing Communications	
Accounting		Developing Effective Managers		Marketing Research	
Economics		Employee Relations		Mergers & Acquisitions	1
Finance		Employee Resourcing		Negotiation	
Marketing		Financial Risk Management		Performance Management	
Org. Behaviour		Human Resource Development		Practical Hist. of Financial Mkts.	
Project Management		Human Resource Management		Principles of Retailing	
Strategic Planning		Influence		Quantitative Methods	
		International Marketing		Research Methods for Bus. & Mgt	
Elective Courses		Leadership		Sales Force Management	
Alliances and		Making Strategies Work		Services Marketing	
Partnerships					
Competitive Strategy		Managing People in Changing Context		Strategic Negotiation	
Consumer Behaviour		Managing People in Global Markets		Strategic Risk Management	
Corporate Governance		Managing Personal Competencies			1
Credit Risk		Marketing Channels			
Management		~			

Subjects in Bold - Tuition Available

EXEMPTIONS: I hereby agree that if I purchase a Course for which I may be granted an exemption, I will not receive a refund.

DECLARATION: By signing this form, I agree to the following; (1) To the exemption clause above (2) My information may be shared with EBS (3) My email address may be shared for Educational purposes (4) That the above information is accurate

Signed: _____

Date: _____

CRN:	CRN:	CRN:
Stock #:	Stock#:	Stock #:
Signed:	Signed	Signed

Payment Details: Linx _____

Credit Card _____

Cheque _____

Credit Note _____

A Great Place To Leave	
	A Great Place To Learn.

#:_

Receipt



DEBTOR'S DECLARATION

Date: ____

I.D.#: 🗌	P.P.#: 🗌	SBCS ID #
have a balance outsta	nding to the School of Busir	ness and Computer Science Ltd. of
\$	as at	(Today's date)
I agree to pay the amo	ount of	
\$	within o	one month of notification by SBCS Ltd.
Please indicate by your	signature below that you have	received and agreed to the following:-
	iss Schedule Guidelines	a class is five (5); under this amount, alternativ
arrangementsIn applying to \$	will be made. SBCS, I understand that a code DID No Entry policy. I am a	e of dress and conduct is in effect and that SBCS ware that any violation of these codes can result i
 arrangements In applying to S has a strict NC expulsion with 	will be made. SBCS, I understand that a code DID No Entry policy. I am a	of dress and conduct is in effect and that SBCS
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