



**MSc. STRATEGIC PLANNING CARICOM ORDER FORM**  
Heriot- Watt University  
Masters Programme

**EDINBURGH**  
**BUSINESS SCHOOL**  
HERIOT-WATT UNIVERSITY

**SCHOOL OF BUSINESS & COMPUTER SCIENCE**

**Personal Information (Please write in Block Capitals)**

SID No. (existing students only)		New Student	
Title:	First Name:	Surname:	
Address:			
Deliver Here			
Home Telephone:		Mobile Phone:	
Business Phone:		Fax:	
E-Mail:		Date of Birth:	
Job Title:			
Company Name and Address:			
Deliver Here			

<u>STAGE 1</u>	√	<u>STAGE2</u>	√	<u>STAGE 3</u>	√
<u>Core Courses</u>		<u>Core Course</u>		<u>Elective Courses</u>	
Strategic Planning		Competitive Strategy		Corporate Governance	
Project Management				Leadership	
Strategic Risk Management				Strategic Negotiation	
Making Strategies Work		<u>Elective Courses</u>			
		Alliances and Partnerships			
		Mergers and Acquisitions			

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**DECLARATION:** By signing this form, I agree that my information may be shared, and I certify that the information is correct to the best of my knowledge.

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

CRN:	CRN:	CRN:
Stock #:	Stock#:	Stock #:
<b>Payment Details:</b>		
I enclose a cheque for £_____ (Payable to The School of Business and Computer Science Ltd.)		

Payment Rec'd by: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_