



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

**EDINBURGH**  
BUSINESS SCHOOL  
HERIOT-WATT UNIVERSITY

*Please complete all relevant fields.*

|  |             |  |
|--|-------------|--|
| <b>Personal Information (Please write in BLOCK Capitals)</b> |             | <b>Temp ID</b> <input type="checkbox"/>        |
| SID No. (Existing students only)                             |             | New Student <input type="checkbox"/> SBCS ID # |
| Title:   | First Name: | Surname:                                       |
| *Mailing Address:  |             |  |
| *Home Telephone:   |             | *Mobile Phone:                                 |
| *Business Phone:   |             | *Date of Birth: (dd/mm/yyyy)                   |
| Primary E-Mail:  |             | *Alternative E-Mail:                           |
| *Company Name:   |             | *Job Title:                                    |

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

**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.

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

|                 |                 |                 |
|-----------------|-----------------|-----------------|
| CRN:            | CRN:            | CRN:            |
| Stock #:        | Stock#:         | Stock #:        |
| Date assigned : | Date assigned : | Date assigned : |



### DEBTOR'S DECLARATION

I confirm that, I (Name) \_\_\_\_\_

Of (Address) \_\_\_\_\_

\_\_\_\_\_

I.D.#:  \_\_\_\_\_ P.P.#:  \_\_\_\_\_ SBCS ID # \_\_\_\_\_

have a balance outstanding to the School of Business and Computer Science Ltd. of  
\$ \_\_\_\_\_ as at \_\_\_\_\_ (Today's date)

I agree to pay the amount of  
\$ \_\_\_\_\_ within one month of notification by SBCS Ltd.

Please indicate by your signature below that you have received and agreed to the following:-

- **Student Orientation Handbook** (Required for New students and includes School Regulations, Withdrawal and GATE policies)
- **Student Registration Kit** (Required for New students and includes Course Guidelines, Proposed Sequence, Exam and Deferral Deadlines)
- **Financial Information**
- **Change in Class Schedule Guidelines**
- **Minimum number of students required for a class is ten (10); under this amount, alternative arrangements will be made.**
- In applying to SBCS, I understand that a code of dress and conduct is in effect and that SBCS has a strict **NO I.D No Entry** policy. I am aware that any violation of these codes can result in expulsion without a refund.

**Payment Details:** Linx \_\_\_\_\_ Cheque \_\_\_\_\_

Credit Card \_\_\_\_\_ Credit Note \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY