



MBA ORDER FORM
Heriot-Watt University
Masters Programme

EDINBURGH
BUSINESS SCHOOL
HERIOT-WATT UNIVERSITY

Please complete all relevant fields.

Personal Information (Please write in BLOCK Capitals)		Temp ID <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>Core Courses</u>	√	<u>Elective Courses</u>	√	<u>Elective Courses</u>	√
Accounting		Derivatives		Marketing Communications	
Economics		Developing Effective Managers & Leaders		Marketing Insights	
Finance		Employee Relations		Mergers & Acquisitions	
Marketing		Employee Resourcing		Negotiation	
Org. Behaviour		Financial Risk Management		Performance Management	
Project Management		Human Resource Development		Practical Hist. of Financial Mkts.	
Strategic Planning		Human Resource Management		Principles of Retailing	
		Influence		Quantitative Methods	
<u>Elective Courses</u>		International Marketing		Research Methods for Bus. & Mgt	
Alliances and Partnerships		Leadership		Sales Force Management	
Competitive Strategy		Making Strategies Work		Services Marketing	
Consumer Behaviour		Managing People in Changing Context		Strategic Negotiation	
Corporate Governance		Managing People in Global Markets		Strategic Risk Management	
Credit Risk Management		Managing Personal Competencies			
		Marketing Channels			

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 #:



DEBTOR'S DECLARATION

I confirm that, I (Name) _____

Of (Address) _____

I.D.#: _____ P.P.#: _____ SBCS ID # _____

have a balance outstanding to SBCS Ltd. of \$ _____ as at _____

I agree to pay the amount of \$ _____ by _____

\$ _____ by _____

\$ _____ by _____

\$ _____ by _____

- Request for refunds must be made within six weeks of the start of classes, no refund is granted after six weeks.
- Payment plans carry a \$500.00 processing fee. A 15% penalty charge will be applicable to installments not paid on the agreed due date without prior approval from Management.
- 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:** _____

Please indicate by your signature below that you have agreed to all of the above.

SIGNATURE: _____

DATE: ____/____/____
DD MM YYYY

WITNESS: _____

DATE: ____/____/____
DD MM YYYY