



**MSc. HUMAN RESOURCE MANAGEMENT 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>STAGE 2</u>	√	<u>STAGE 3</u>	√
<u>Core Course</u>		<u>Core Courses</u>		<u>Core Courses</u>	
<b>Human Resource Management</b>		<b>Performance Management</b>		<b>Managing People in Changing Contexts</b>	
		Human Resource Development		<b>Employee Resourcing</b>	
<u>Elective Courses</u>		<u>Elective Courses</u>		<u>Elective Courses</u>	
<b>Organisational Behaviour</b>		<b>Negotiation</b>		<b>Developing Effective Managers and Leaders</b>	
				<b>Employee Relations</b>	
				<b>Influence</b>	
				Managing People in Global Markets	
				Managing Personal Competencies	
				Research Methods for Bus. & Mgt	

**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 SBCS Ltd. of \$ \_\_\_\_\_ as at \_\_\_\_\_

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

\$ \_\_\_\_\_ by \_\_\_\_\_

\$ \_\_\_\_\_ by \_\_\_\_\_

\$ \_\_\_\_\_ by \_\_\_\_\_

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

- 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.
- **Student Registration Kit** (Required for New students and includes Course Guidelines, Proposed Sequence, Exam and Deferral Deadlines by e-mail)
- 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**