



MSc Financial Management ORDER FORM

Please complete ALL fields.

New Student

Continuing Student EBS SID # _____

Title:	First Name:	Surname:
Date of Birth: (dd/mm/yyyy)		Mobile Phone:
Home Phone:		Business Phone:
E-Mail (1):		E-Mail (2):
Mailing Address:		

Tuition (Online classes) are offered for subjects in bold		
Tick to Select Subject.		
<i>Stage 1</i>		<i>Stage 2</i>
Core Courses	Elective Courses	Core Courses
<input type="checkbox"/> Financial Decision Making	<input type="checkbox"/> Quantitative Methods	<input type="checkbox"/> Derivatives
<input type="checkbox"/> Financial Risk Management		<input type="checkbox"/> Credit Risk Management
<input type="checkbox"/> Finance (old)		
<input type="checkbox"/> Accounting (old)		
<i>Stage 3</i>		
Core Course	Elective Courses Cont'd	
<input type="checkbox"/> Advanced Financial Decision Making	<input type="checkbox"/> Strategic Planning	
Elective Courses	<input type="checkbox"/> Economics for Business	
<input type="checkbox"/> Corporate Governance	<input type="checkbox"/> Research Methods for Business & Management	
<input type="checkbox"/> Mergers & Acquisitions	<input type="checkbox"/> Practical History of Financial Markets	
Tick to Select Payment Method		
<input type="checkbox"/> WiPay Payment Plan	<input type="checkbox"/> Online/Direct Deposit	

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 and submitting this form to masters@sbc.edu.tt, 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: _____