



**MSc STRATEGIC PLANNING  
ORDER FORM**

*Please complete ALL fields.*

**CONTINUING STUDENTS ONLY**

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:		

<b>Tuition (Online classes) are offered for subjects in bold</b>		
<b>Tick to Select Subject.</b>		
<b>Stage 1</b>	<b>Stage 2</b>	
<b>Core Course</b>	<b>Core Course</b>	
<input type="checkbox"/> <b>Strategic Planning</b>	<input type="checkbox"/> Competitive Strategy	
<input type="checkbox"/> Project Management (old)	<b>Elective Course</b>	
<input type="checkbox"/> <b>Delivering Successful Projects</b>	<input type="checkbox"/> Alliances & Partnerships	
<input type="checkbox"/> <b>Strategic Risk Management</b>	<input type="checkbox"/> Mergers & Acquisitions	
<input type="checkbox"/> <b>Making Strategies Work</b>		
<b>Stage 3</b>		
<b>Elective Courses</b>		
<input type="checkbox"/> <b>Corporate Governance</b>	<input type="checkbox"/> <b>Leadership, Theory and Practice</b>	<input type="checkbox"/> Strategic Negotiation
<b>Tick to Select Payment Method</b>		
<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](mailto: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: \_\_\_\_\_