



**MSc Financial Management
CARICOM 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:		

Online tuition classes are offered for subjects in bold.

	Core	Electives
Stage 1	Financial Decision Making Financial Risk Management	Quantitative Methods
Stage 2	Credit Risk Management Derivatives	
Stage 3	Advanced Financial Decision Making	Corporate Governance Developing and Executing Strategy Mergers & Acquisitions Economics for Business Research Methods for Bus. & Mgmt.

Insert chosen course name/s and select study mode/s:

_____	<input type="checkbox"/> Tuition (online)	<input type="checkbox"/> Distance Learning (Self-Study)
_____	<input type="checkbox"/> Tuition (online)	<input type="checkbox"/> Distance Learning (Self-Study)

SBCS GLI Fees

Payment Option:	<input type="checkbox"/> Full Payment	<input type="checkbox"/> Payment Plan (Tuition Only)
Payment Method:	<input type="checkbox"/> Credit card – WiPay (TT\$)	<input type="checkbox"/> Credit card – PayPal (US\$)

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: _____