



**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:		

**Tuition / Online classes are offered for subjects in bold.**

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

**Insert chosen course name/s and select study mode/s.**

_____	<input type="checkbox"/> Tuition (online)	<input type="checkbox"/> Repeat Tuition (online)	<input type="checkbox"/> Distance Learning (self-study)
_____	<input type="checkbox"/> Tuition (online)	<input type="checkbox"/> Repeat Tuition (online)	<input type="checkbox"/> Distance Learning (self-study)
_____	<input type="checkbox"/> Tuition (online)	<input type="checkbox"/> Repeat Tuition (online)	<input type="checkbox"/> Distance Learning (self-study)

**SBCS GLI Fees**

**Select payment option and payment method.**

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

Refer to the “Masters Fee Structure and Payment Information” document or email [Masters@sbc.edu.tt](mailto:Masters@sbc.edu.tt) for more payment information.

**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:** \_\_\_\_\_