**MSc. FINANCIAL MANAGEMENT ORDER FORM**

Heriot- Watt University
Masters Programme

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**SCHOOL OF BUSINESS & COMPUTER SCIENCE**

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**Personal Information (Please write in Block Capitals)**

<table>
<thead>
<tr>
<th>SID No. (existing students only)</th>
<th>New Student</th>
<th>SBCS ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>First Name:</td>
<td>Surname:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Address Changed: YES NO</td>
<td></td>
</tr>
<tr>
<td>Home Telephone:</td>
<td>Mobile Phone:</td>
<td></td>
</tr>
<tr>
<td>Business Phone:</td>
<td>Date of Birth: (dd/mm/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Primary E-Mail:</td>
<td>Alternative E-Mail:</td>
<td></td>
</tr>
<tr>
<td>Company Name:</td>
<td>Job Title:</td>
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</tr>
</tbody>
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**STAGE 1**

- Core Courses
- Finance
- Accounting

**STAGE 2**

- Core Courses
- Credit Risk Management
- Financial Risk Management

**STAGE 3**

- Core Courses
- Derivatives

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**Elective Courses**

- Quantitative Methods
- Corporate Governance
- Mergers & Acquisitions
- Strategic Planning
- Research Methods for Bus. & Mgt
- Practical Hist. of Financial Mkts

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**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

Signed: ___________________________ Date: ____________________

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**CRN:**

<table>
<thead>
<tr>
<th>Stock #:</th>
<th>CRN:</th>
<th>Stock #:</th>
<th>CRN:</th>
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<tbody>
<tr>
<td>Signed:</td>
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<td>Signed:</td>
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</tr>
</tbody>
</table>

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**Payment Details:**

- Linx ____________________
- Cheque ____________________
- Credit Card ____________________
- Credit Note ____________________

**Payment Rec’d by:** ____________________ **Receipt #:** ____________________ **Date:** ____________________
I confirm that, I (Name) ________________________________________________  
Of (Address) _________________________________________________________ 
__________________________________________________________________  
_________________________________________________________________________ 
I.D.#: □ ___________  P.P.#: □ ___________  SBCS ID # ________________  

have a balance outstanding to the School of Business and Computer Science Ltd. of  
$__________________________ as at _______________________ (Today’s date)  

I agree to pay the amount of  
$__________________________ within one month of notification by SBCS Ltd.  

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

- **Student Orientation Handbook** (Required for New students and includes School Regulations, Withdrawal and GATE policies)  
- **Student Registration Kit** (Required for New students and includes Course Guidelines, Proposed Sequence, Exam and Deferral Deadlines)  
- **Financial Information**  
- **Change in Class Schedule Guidelines**  
- Minimum number of students required for a class is five (5); under this amount, alternative arrangements will be made.  
- 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.  

SIGNATURE:_____________________________  DATE:______/ _____/ ______  
DD  MM  YYYY  

WITNESS:_____________________________  DATE:______/ _____/ ______  
DD  MM  YYYY