

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:	
Primary E-Mail:	Secondary E-Mail:	
Mailing Address:		

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

Core			
Stage 1	Delivering Successful Projects	People, Work & Organisations	Strategic Marketing
Stage 2	Economics for Business	Financial Decision Making	Leadership Theory & Practice
Stage 3	Developing and Executing Strategy		
Electives			
Advanced Financial Decision Making Corporate Governance Credit Risk Management Derivatives Entrepreneurial Venturing		Entrepreneurship and Creativity Financial Risk Management Making Strategies Work Mergers and Acquisitions	Business Negotiation Quantitative Methods Research Methods for Business Strategic Risk Management

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.

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\$)

Refer to the “Masters Fee Structure and Payment Information” document or email 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, 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: _____