



MSc Financial Management  
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:
Primary E-Mail:	Secondary E-Mail:	
Mailing Address:		

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

Core Courses		
Stage 1	Financial Decision Making	Advanced Financial Decision Making
Stage 2	Managing Financial Risk	Lending and Credit Risk Analysis
	Financial Derivatives	
Elective Courses		
Economics for Business	Mergers, Acquisitions and Restructuring	
Developing and Executing Strategy	Research Methods for Business	

**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)

**Select payment option and payment method/registration alternative.**

<b>Payment Option:</b>	<input type="checkbox"/> Full Payment	<input type="checkbox"/> Payment Plan ( <i>Subject to Approval</i> )
<b>Payment Method:</b>	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Online/Direct Deposit
<b>Payment Alternative:</b>	<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Credit Note ( <i>Fees on File</i> )

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