

Please complete ALL fields.

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	
Optional Courses		
Economics for Business Developing and Executing Strategy		Mergers, Acquisitions and Restructuring 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.

Payment Option:	<input type="checkbox"/> Full Payment	<input type="checkbox"/> Payment Plan (<i>Subject to Approval</i>)
Payment Method:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Online/Direct Deposit
Payment Alternative:	<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@sbcs.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@sbcs.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.

Signature: _____

Date: _____