

Programme Entry Form

Student ID (SID):			Attach a colour, passport sized photo here, certified below by your ALP.
Title	Dr / Mr / Mrs / Ms / Miss / Other (specify)		
Family Name			
Other Name / Known As:	/		
Former Name (if applicable):			
Date of Birth (dd/mm/yy)			
Country of birth			
Nationality			
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/> Other <input type="checkbox"/>	

Home address			I hereby certify that the above photograph is a true likeness of the applicant:
Postcode/ZIP			Signed:
Country			Name:
Correspondence Address	Home Address <input type="checkbox"/>	ALP Address <input type="checkbox"/> (Please tick one)	Occupation
Home telephone no			
Email address			

The UK Higher Education Statistics Authority (HESA) has requested Heriot Watt University to collect data on ethnic origin and disability for all students. This is not compulsory and, if completed, will be used for statistical purposes only.

HESA Requirements:	
Previous HESA number (if known)	
Is English your native language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity: identify your ethnic origin	
Disability: do you consider yourself having a disability/special need/medical condition that may affect your studies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide details	

Qualifications: Prior Degrees/Diplomas/other Qualifications				
Names of University/ College/ Institution	Dates (from / to)	Title of Qualification obtained / to be obtained	Class of degree	Date awarded / to be awarded

Certified copies of qualifications held (translated into English where required) should be sent with this form. If you meet the entry requirements for your degree of choice you will be automatically matriculated as a part-time student of Heriot-Watt University. If you do not meet the requirements for immediate qualification you may be matriculated upon meeting the entry requirements.

Employment History:

Employers Name & Address	Dates (from / to)	Job Title	Brief Description of duties

Programme of study:

MBA	<input type="checkbox"/>	MSc Human Resource Management	<input type="checkbox"/>
MSc Marketing	<input type="checkbox"/>	MSc Strategic Planning	<input type="checkbox"/>
MSc Financial Management	<input type="checkbox"/>	<i>This programme is only suitable for students with a business/managerial degree</i>	

**Please indicate which of the dfcf fUa a Yg'you intend to pursue. You can only di fgi YcbYXY[fYYUhiUfja Y"H YfYZfYZd'YUgYfjW' CB9'Vcl 'cb`m'*

Application for Exemptions:

Title of Qualification	Preferred Exemption*

** Note: the final decision rests with the Exemption Committee. Certified copies of ei U]ZVUfcbg'UbX'fUbgW]dty Zf'YUM' mYU'cZgfi Xmi'ffUbg'UNX']brc'9b['jg\ 'k\ YfYfYeI]fYXE' should be sent with this form.*

Exemption Fee:

Fees enclosed: exemption (£100.00 per exemption sought)

I enclose a cheque/bankers draft (payable to Edinburgh Business School) for £ -

Alternatively, please debit my credit/debit card. Visa Mastercard Access Switch

Card Number

Switch issue number Switch state date /

Expiry date / Security Number

DATA SHARING:

Edinburgh Business School at Heriot Watt University works in partnership with your ALP and our partners to deliver postgraduate business programmes. To ensure these programmes are managed efficiently and students supported effectively, some information recorded as you progress in your studies will be shared between Edinburgh Business School, its partners and your ALP. Further information on the use of this data is provided on the website www.ebsglobal.net.

- Declaration**
- By signing this form I agree that my information may be shared. I understand that when exemption(s) for which I am applying is/are not granted the exemption application fee(s) will be used in payment of my examination fee(s) in the subject(s).
 - I certify that the information is correct to the best of my knowledge
 - I understand I am required to abide by the regulations of Heriot-Watt University.
 - I have received and agree to abide by the Terms & Conditions of my Approved Learning Partner

Signed: _____ Date: _____

Print Name: _____