

Chifley Business School  
Re-Enrolment Form—Study Period 2, 2010



Please complete each field below.

<b>Student Number:</b>						
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PERSONAL DETAILS

Title:	Name:	Surname:
Gender: <i>(please circle)</i> :      Male      Female		Date of Birth (compulsory):
Position:		
Employer:		
Division:		
Daytime Telephone:		Home Telephone:
Fax (daytime) :		Mobile:
Email (compulsory):		

\*\* Overseas students must provide us with a street address to allow delivery of your study material by courier. Failure to do so will result in delivery of your material by post, which will cause delays.

EMPLOYER ADDRESS

Address:		
Suburb:	State:	Postcode:
Country (if not Australia):		

HOME ADDRESS

Address:		
Suburb:	State:	Postcode:
Country (if not Australia):		

ENROLMENT INFORMATION

Mail Preference: <i>(please circle)</i> :      Employer      Residential			
Exam Location (refer <a href="http://www.mba-distance-learning.com/exam_centres.asp">http://www.mba-distance-learning.com/exam_centres.asp</a> )			
Is your employer paying for, or reimbursing you for your course fees? <i>(please circle)</i>	No	Yes, Part	Yes, All
What program are you enrolled in? (e.g. Graduate Certificate of Management)			
Are you a member of:	<input type="checkbox"/> ACS <input type="checkbox"/> AIPM <input type="checkbox"/> ALIA	<input type="checkbox"/> AUSIMM <input type="checkbox"/> BOM <input type="checkbox"/> CPSU	<input type="checkbox"/> IPENZ <input type="checkbox"/> PIA <input type="checkbox"/> MDPI
By selecting one of these professional memberships, you will be eligible to claim the corporate affiliate fee.			

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Re-Enrolment Form—Study Period 2, 2010**



Student Name: .....

Student No : .....

**UNITS**

*(please tick the unit number/s you wish to undertake in Study Period 2, 2010)*

- |  |   |
|--|---|
| 101 Financial Management<br>102 Management Perspectives<br>201 Economic Decision Making<br>202 Business Law<br>301 Research Project<br>302 Employer Based Unit<br>303 Project Management<br>305 Operations Management<br>306 Strategic Management<br>307 Management of Professional Services<br>308 Managing for Innovation<br>401 Marketing | 402 Contemporary People Management<br>403 Managing Information Systems<br>406 Corporate Finance<br>407 International Business Strategy<br>410 Strategic Management in Services<br>415 Engineering Risk Management<br>416 Corporate Sustainability<br>423 e-Business Strategy<br>431 Leaders as Decision Makers<br>501 Advanced Project Management<br>602 The Australian Healthcare and Pharmaceutical Environment |
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**PAYMENT DETAILS**

For pricing details, terms and conditions [www.mba-distance-learning.com/fees.asp](http://www.mba-distance-learning.com/fees.asp)

- Receive a **PDF** version **only**
- I enclose a cheque for AUD\$ ..... (Cheques made payable to CBS Pty Ltd)
- OR** Please debit my credit card: AUD\$ Amount: .....
- Visa     MasterCard     Diners     American Express

Card No:

Expiry date: \_\_\_\_ / \_\_\_\_

Cardholders' Name: .....

Cardholders' Signature: .....

<b>Please complete and return to the address or fax below:</b>			
<b>Postal:</b>	GPO Box 1272, Melbourne, VIC, 3001, Australia	<b>Courier:</b>	Level 4 163 Eastern Road, South Melbourne, VIC, 3205, Australia
<b>Telephone:</b>	+ 61 3 9695 8855	<b>Fax:</b>	+61 3 9695 8901
<b>Website:</b>	www.mba-distance-learning.com	<b>Email:</b>	mba@chifley.edu.au

<b>Office use only</b>	Date banked: .....	Client no: .....
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