

MSDNAA Acceptable Use Policy

Please provide all required information and sign and date the form.

First Name:.....

Last Name:.....

Office Address:.....

Phone:.....

Email:.....

Software Requested:.....

Course the Software will be used for:.....

I hereby agree that software obtained as part of this program will be restricted to instructional or non-commercial research purposes ONLY. There shall be no unauthorized copying and/or distribution of the software and every copy of the software shall be a true and complete copy, and include all copyright and trademark notices.

Faculty Signature:.....

Date:.....