

## Synopsys University Program Application Form

Please complete for the first time or renewal of Synopsys University Program membership. All fields are required.

First-time application     Renewal

Date: \_\_\_\_\_

Primary Contact -- Instructor / Professor			
Last Name		First Name	
University		Department	
Phone		Cell	
University Email			

### Application Purpose

<input type="checkbox"/> Research (Please briefly describe your research areas: _____ )
<input type="checkbox"/> Teaching (Please list name of the courses: _____ )
<input type="checkbox"/> Other (Please specify: _____ )

### Account Users Information

First Name	Last Name	University Email	Phone

## Approval

BY SIGNING THIS APPLICATION FORM, I ACKNOWLEDGE THAT I HAVE READ AND BEEN INFORMED ABOUT THE CONTENT, REQUIREMENTS, AND EXPECTATIONS OF THE “SOLVNETPLUS ACCESS GUIDELINE FOR UNIVERSITY USERS – TAIWAN”, AND AGREE TO ABIDE BY THE GUIDELINES LISTED IN THE DOCUMENT.

<b>Signature:</b>	
<b>Printed Name:</b>	
<b>Title:</b>	
<b>Date:</b>	

Note: This application should be reviewed and approved by a university professor (usually the primary contact of this application). Please email the completed form to University Program Taiwan ([tw-up@synopsys.com](mailto:tw-up@synopsys.com)).