

Design Manager College Program Application

Contact Information:

College: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Do you have previous experience with the software? YES NO

Will you require training on the software? YES NO

Areas of Curriculum where software will be used:

- Business Principles Course
- Project Management Course
- Other (please specify below)

Brief Description of how software will be used in the Course: _____

Comments/Notes: _____

Signature: _____ **Date:** _____

Your signature holds you to the understanding that you will only use Design Manager Software for Educational Purposes. You will not copy and distribute this software for commercial or personal use. The software is to be used only for the college curriculum stated above.