



ORIGIN

APPLICATION FORM for LEASED SITE LICENSE SOFTWARE

Employees of the University of Manitoba may obtain a right-to-use license for Origin from Information Services and Technology, subject to the terms and conditions of the University of Manitoba license for the software. The software cannot be distributed until this application has been received by Information Services and Technology.

Forms should be sent to: Software License Administrator
123 Fletcher Argue Building
Email: servicedesk@umanitoba.ca
Phone: (204) 474-8600

TYPE OF INSTALLATION: (Please check one)

University Equipment	Number of workstations: _____
Network server	Number of concurrent users: _____
Employee's privately owned equipment	Number of workstations: _____

APPLICANT:

Name: _____

Employee No.: _____

Department: _____

Faculty: _____

Email address: _____

- I am currently an employee of the University of Manitoba, and I certify that the information provided in sections A, and B above is correct.
- I will allow the software to be used only by current employees or students under my supervision at the University of Manitoba.
- I will not allow the software, documentation, or accompanying written materials to be rented, leased, or resold.
- I will destroy my copy of the software as soon as I am no longer officially associated with the University of Manitoba.

APPLICANTS SIGNATURE: _____

DATE: _____

INSTALLATION FEES: Home/standalone use must be renewed every January. Installation DVD's are not included in the licensing fees. Multiple installations can be done with one copy as long as all installations adhere to the terms specified on page 1 of this form. Software installation is also available from I.S.T.'s Software Distribution site via the network. Please contact the Service Desk or your departmental representative for information.

I.S.T. Software Distribution \$(no charge) _____
Windows: _____ copies x \$10 / copy = \$ _____

LICENSE FEES: (Please choose one)

[1 for \$50: _____] [2 for \$90: _____] [3 for \$120: _____] \$ _____
[4 for \$140: _____] [5 or more for \$150: _____]

PAYMENT METHOD: (please complete 1, 2, or 3)

1. FOAP Number: _____

If your fund starts with '3' and is research funded please identify how the request is related to the research project tied to that Grant number:

Signing authority:

Name: _____ Phone: _____
Signature: _____ Date: _____

- 2. Cheque payable to "University of Manitoba"
- 3. Contact Software License Administrator (204) 474-7226 to pay with Credit Card

DISTRIBUTION

Pick up from 123 Fletcher Argue: _____ Campus Mail to address given above: _____

TO BE COMPLETED BY INFORMATION SERVICES AND TECHNOLOGY
IDC or Receipt #: _____ Date: _____