Synopsys Academic & Research Alliances (SARA) Taiwan Application Form
Please complete for the first time or renewal of SARA 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

□ Research (Please briefly describe your research areas:_____)
□ Teaching (Please list name of the coures:_____)
□ 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.

Signature:	
Printed Name:	
Title:	
Date:	

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 SARA Taiwan (sara-tw@synopsys.com).