Email the completed form to tw-up@synopsys.com

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 / Pr | ofessor | | |
| Last Name | | | First Name | |
| University | | | Department | |
| Phone | | | Cell | |
| University Email | | | | |
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| Application Purpos | se | | | |
| Research (Please briefly describe your research areas:) | | | | |
| Teaching (Please list name of the coures: | | | | |
| Other (Please specify:) | | | | |
| | | | | |
| Account Users Info | rmation | | | |
| First Name | Last Name Univ | | ersity Email | Phone |
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| | | | Approval | |
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| INFORMED ABOUT | • | | • | |
| ABIDE BY THE GUID | | | | AIWAN", AND AGREE TO |
| ABIDE BY THE GUIL | ELINES LISTED I | N THE DOC | UIVIENT. | |
| Signature: | | | | |
| Printed Name: | | | | |
| Title: | | | | |
| Date: | | | | |
| | on should be re | viewed and | l annroyed by a u | niversity professor (usually the primary |

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 (tw-up@synopsys.com).