Thank you for interest in Aras. To help us best assess the value of a mutual Aras Academic Program Partnership, please complete all of the information requested. When complete, send to [partners@aras.com](mailto:partners@aras.com?subject=Aras%20Academic%20Program%20Application%20Form%20Submission).

## Institution information

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** | | | |
| Institution Legal Name: |  | | |
| Address: |  | | |
|  |  | | |
| City: |  | Prov/State: |  |
| Postal/ZIP code: |  | Country: |  |
| Telephone No.: |  | Facsimile No.: |  |
| Institution Web Site: |  | | |
|  |  | | |

## Institution Profile

Please provide us with a brief overview of your institution.

**(Note: If the Academic Program Agreement is signed, this profile will be posted on the Aras Partner Page. Please provide us also your Company Logo in .png format (65 x 135 or >).**

|  |
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|  |

## Detailed Institute Information

This information is for internal evaluation, review and understanding.

**How do you plan to use Aras Innovator?**

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| --- |
|  |

**What are your academic and eduational goals related to Aras Innovator?**

|  |
| --- |
|  |

**What do you most need to from the Aras Academic program to succeed?**

|  |
| --- |
|  |

## Contact Information

Please complete the follow contact information

|  |  |  |  |
| --- | --- | --- | --- |
| **Executive Contact** *(Institution sponsor, person who has authority to sign for the institution the Aras Partner Program Agreement)* | | | |
| Name: |  | Email: |  |
| Title: |  | Fax: |  |
| Location: |  | Phone: |  |
| **Partner Program Relationship Manager (1)** *(Point person who will manage the day to day relationship with Aras)* | | | |
| Name: |  | Email: |  |
| Title: |  | Fax: |  |
| Location: |  | Phone: |  |
| **Partner Program Relationship Manager (2)** *(Alt. point person who will manage the day to day relationship with Aras)* | | | |
| Name: |  | Email: |  |
| Title: |  | Fax: |  |
| Location: |  | Phone: |  |
| **Technical Contact 1** *(Person who should receive the subscriber license and who will call Aras Technical support)* | | | |
| Name: |  | Email: |  |
| Title: |  | Fax: |  |
| Location: |  | Phone: |  |
| **Technical Contact 2** *(Alt. person who should receive the subscriber license and who will call Aras Technical support)* | | | |
| Name: |  | Email: |  |
| Title: |  | Fax: |  |
| Location: |  | Phone: |  |
| **Other:** *(A person you feel Aras should work with)* | | | |
| Name: |  | Email: |  |
| Title: |  | Fax: |  |
| Location: |  | Phone: |  |

Many thanks,

The Partner Program Team