

Instructions

To apply for the Intergraph® SG&I Education Grant, please complete this application and attach the syllabus for the course(s) in which Intergraph technology will be implemented.

Grant recipients are required to submit a minimum of two (2) detailed teaching materials, showing the use of Intergraph technology, within 24 months of receipt of software. You may also use this form to submit these teaching materials.

Please e-mail the completed document to education@intergraph.com.

General Information

	Details in Local Language	Details in English
Name of University/Institution:		
Name of College/Faculty:		
Name of Department/Laboratory:		
Web Site Address:		
Address Line 1:		
Address Line 2:		
City:		
State/Province:		
Zip /Postal Code:		
Country:		

Primary Contact* (required):

Intergraph will consider the contact you designate in this information box to be the primary contact. All correspondence, other than correspondence related to the contracts, will be sent to the attention of the primary contact. If the primary contact is the only contact specified, Intergraph may consider the primary contact to be the sole contact for all purposes. **(No post office boxes, please.)**

Primary Contact Information	
Company Name:	
Contact Name:	
Street Address:	
City:	
State/Province:	
ZIP Code/Postal Code:	
Country:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Contract Administrator** (required):

Contract Administrator Information	
Company Name:	
Contact Name:	
Street Address:	
City:	
State/Province:	
ZIP Code/Postal Code:	
Country:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Media Shipping Contact (if different from Primary Contact above):

Please note: A post office box is not a valid shipping address.

Media Shipping Contact Information	
Company Name:	
Contact Name:	
Street Address:	
City:	
State/Province:	
ZIP Code/Postal Code:	

Country:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Site Technical Contact* (if different from Primary Contact above):**

The Site Technical Contact specified below is responsible for overall product compliance and coordinating designated support contacts and distribution of the technical support access information as needed.

Site Technical Contact Information	
Company Name:	
Contact Name:	
Street Address:	
City:	
State/Province:	
ZIP Code/Postal Code:	
Country:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

*Primary contact is the person who will be the main researcher incorporating Intergraph technology into the institution's research projects.

** Contract administrator must be a representative of the educational institution with power to legally bind institution to a contract.

*** Site Technical Contact is the person at the educational institution responsible for internal software administration and support. This person would likely receive shipment of the software.

Authorized Licensee Personnel

Software support shall be available for up to four (4) authorized licensee personnel. Students are not allowed to call Intergraph Support directly. Please list the four (4) authorized licensee personnel for your institution below:

First Licensee	
Contact Name:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Second Licensee	
Contact Name:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Third Licensee	
Contact Name:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Fourth Licensee	
Contact Name:	

Telephone/Ext.:	
Fax:	
E-mail Address:	

Spatial Information Management Degree Programs

List the Spatial Information Management degree programs your institution offers:

Course Information

List the course name, description, and an explanation of how you intend to incorporate Intergraph products:

Course Name	
Course description (You may attach a description from course catalog.):	
Expected number of times course will be offered per year:	
Approximate number of students per year:	
Intergraph product(s) to be used:	
Explanation of how the product(s) will be used:	
Quantity of free 52-week student licenses of GeoMedia Professional needed	

Course Name	
Course description (You may attach a description from course catalog.):	
Expected number of times course will be offered per year:	

Approximate number of students per year:	
Intergraph product(s) to be used:	
Explanation of how the product(s) will be used:	
Quantity of free 52-week student licenses of GeoMedia Professional needed	

For more course descriptions, please continue on another form.

If you are also providing teaching materials – for example, PowerPoint slides, lab exercises, or lesson plans – please complete the section below as applicable.

Course Name	
Title of teaching material:	
A brief description of the objective/content of the material:	
Language:	
Teaching material category (what objective does this lesson plan to cover):	
User level (check one):	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Intergraph software used:	
Name of file for upload (must be in PDF or Microsoft PowerPoint format):	
Course Name	
Title of teaching material:	
A brief description of the objective/content of the material:	
Language:	
Teaching material category (what objective does this lesson plan to cover):	
User level (check one):	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Intergraph software used:	
Name of file for upload (must be in PDF or Microsoft PowerPoint format):	

If you have more files to submit, please continue on another form.

Software/Hardware Requirements

Does your school meet all software and hardware prerequisites per the Product Catalog?

Yes
 No

Signature _____