

Please provide contact and licensing details:

Primary Contact Name:

## **ACADEMIC PROGRAM ANNUAL RENEWAL**

Thank you for participating in the erwin® Data Modeler (erwin DM) Academic Program. Please complete the information below and **send to** <a href="mailto:erwin.education@quest.com">erwin.education@quest.com</a>. Please do not open a ticket with support, the program Administrator will do that for you. We use this information to better understand how erwin DM is being used at your institution. There is also a section below, to provide feedback.

We hope the program is beneficial in the education of future data modelers and look forward to your feedback.

Primary Contact Name.					
Primary Contact Email:					
Primary Contact Phone:					
Institution Name:					
Institution Address:					
<b>Current License Code:</b>					
Total Number of Concurrent Licenses Required:					
ase include the details for all cou	urses (add add	ditional lines if necessary)  Professor Name	using erwin Data I	Modeler: End Date	Number of Students
ase include the details for all cou	urses (add add	··			
ase include the details for all cou	urses (add add	··			
ase include the details for all cou	irses (add add	··			
ase include the details for all cou	urses (add add	··			

_		
		*
Comments:		
comments.		