

Minemax Academic Software Program

This form is required for all new pro	gram applications and all p	rogram renewals.	
EDUCATIONAL INSTITUTION IN	FORMATION:		
Educational Institution Name:			
Department			
Address:			
City:	State/Prov/Regior	:	
Postal/Zip Code:	Country:		
Website URL:			
Type of Educational Institution:			
Year established:	Number of full-tim	e students:	
Name of the educational program requ	uiring Minemax software:		
Number of students attending this prog	gram:		
Number of students graduating each y	ear in this program:		
Are you currently using mining softwar	e in your courses?	If yes, what software?	
LIAISON PROFESSOR:			
First Name:	Last Name:	Email Address:	
First Name: Job Title:	Last Name:	Email Address: Phone:	
Job Title: MINEMAX ACADEMIC SOFTWAR	E PROGRAM REQUIREM	Phone:	
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I, the person signing this agreement, am authorised to represent the institution in these matters:

Name:	Signature:	Date:

When completed, please email to admin@minemax.com