

## **Department of Computer Science**

## DREAMSPARK SOFTWARE REQUEST

Name:	CWID:
Date:	
Please indicate one of the f	ollowing:
Undergraduate Student	Faculty Dept:
Graduate Student	Other:
Daytime Phone:	Major:
CSUF-Issued E-mail Address:	@ csu.fullerton.edu
you change the above e-mail add person. Please allow one busines	s all applicants to provide a valid student e-mail address. If ress, you must notify the Computer Science department in s day for the change to be made before you download to e-mail address changes will not be replaced.
Agreement To Conditions	
Important: Please read ar without a valid signature.	nd sign the following. Requests will not be processed
Department is a privilege, not a rig notice. I promise to be responsible through this program. I will not use keep my software images on relia	reamspark program granted by the Computer Science ght, and that this privilege is revocable at any time without e for the proper use and maintenance of all software obtained this software for any illegal or commercial purpose. I will ble media and protect such media against loss or damage. I yed a copy of the Department's Dreamspark Support Policy, the above conditions.
Signature	Date
	Office Use Only
Photo ID Verified By:	
Creation date:	Termination date: