

Ohio University
Microsoft Campus Agreement
Faculty/Staff Work at Home Acceptance Form

This acceptance form is valid for the Microsoft software products checked below, which shall be referred to collectively herein as the "Software". Software is made available to you because Ohio University has purchased license coverage for the Software through its Microsoft Campus Agreement effective July 1, 2007. Under the Campus Agreement, you have the right to use the Software for **campus-related** purposes at home. **You are not licensed to use the Software at home for personal purposes.** You do not own the license(s) or the media, rather you are authorized to use the Software and associated media pursuant to the terms and conditions of the Microsoft Campus Agreement during the licensed period starting July 1, 2007 and ending June 30, 2010. You will be required to remove the Software from your home machine immediately upon expiration of the licensed period or earlier if your employment by Ohio University ends.

Work At Home Use Rights for Ohio University include the following product(s): Microsoft Desktop Suite (Windows 32-bit operating system upgrades, Office Professional (Windows & Mac), and CoreCAL).

Please initial each statement:

- _____ I will read and abide by the Product Use Rights available online at:
<http://www.ohio.edu/software/msproductuse.cfm>
- _____ I understand that no technical support is provided by Microsoft in association with my work-at-home use.
- _____ I understand the minimum specifications to run the Software are listed at
<http://www.microsoft.com/products/>
- _____ I will remove the Software from my home machine immediately upon the earlier of (a) expiration of the licensed period specified above or (b) the end of my employment by Ohio University.
- _____ I understand that I am not licensed to use the Software for personal purposes.

*Please sign and then **"print"** the remaining fields. By signing, you agree to the above conditions.*

Signature:

Name:

Phone Number:

CDs/DVDs Purchased:

Date:

Department:

Email:

Payment Method: _____ CASH/CHECK # _____

_____ CREDIT CARD