UWF Microsoft Campus Agreement
Faculty/Staff Users Acceptance Form for Work at Home Rights

This acceptance form is valid for the Microsoft products listed below, which shall be referred to collectively herein as the “Software”. Software is made available to A&P and USPS employees because the University of West Florida (UWF) has purchased license coverage for the Software through a Microsoft Campus Agreement Subscription effective April 1, 2003 through March 31, 2004.

UWF is extending to you the right to run one copy of the Software for campus-related purposes at home. You are not licensed to install the Software at home for personal use. You do not own the license or the CDs, rather you are authorized to use the Software and associated media pursuant to the terms and conditions of the license(s) granted to the University of West Florida for the term of UWF’s Campus Agreement Subscription.

You are required to remove the Software from your home machine immediately upon the earlier of (a) termination of employment (b) termination of the Campus Agreement.

Work At Home Use Rights have been granted by the University of West Florida for the following products:

- MS Windows XP Pro
- MS Office XP Pro
- MS Office 2000 Pro
- MS FrontPage 2002
- MS Publisher 2002
- MS Visual Studio.NET Pro (Academic)

Please initial each statement:

___ I may not purchase this software on behalf of another UWF employee.
___ I have been provided a copy of the license agreement.
___ I will read and abide by the license agreement associated with this Software.
___ I understand that I am not licensed to install the Software for personal use.
___ I understand that the Software can be installed only on my home computer.
___ I understand the minimum specifications to run the Software as listed at http://www.microsoft.com/catalog/default.asp?subid=22.
___ I understand that no technical support is provided by the University of West Florida in association with my work at home use.
___ I will remove the Software from my home machine immediately upon the earlier of (a) termination of employment or (b) termination of the Campus Agreement.

Faculty/Staff Signature: ________________________________ Printed Name: __________________________ Date: __________