

Pharsight Academic Program Application

The Pharsight Academic Program is designed to promote academic teaching and non-commercially affiliated academic research use of selected Pharsight® software products at selected Academic Institutions. For this purpose we issue one of two types of licenses: Academic Teaching Licenses or Academic Research Licenses.

Complete this application and fax it to: (650) 314-3811, Attn: Academics Department **OR**
Email completed & scanned applications to: academics@pharsight.com

If you are a current Pharsight Academic Teaching Licensee, you must submit a new application for Pharsight to evaluate your continued eligibility.

Pharsight requires all applicants to submit the application on university letterhead. (See printable application on the next page)

Note that all of the requested documentation must be included with your application and your department head must complete and sign the appropriate section. Incomplete applications will not be reviewed for consideration.

To the best of my knowledge the information provide herein is complete and accurate.

Signed: _____ Date: _____

Due to the high volume of applications being submitted, you must submit your application at least one month prior to date when you need the license keys.

Pharsight Academic Program Application

Please print on university letterhead and fax to: (650) 314-3811.

Applicant Data

First and last name and title: _____

University affiliation and college/department: _____

Mailing address: _____

E-mail: _____

Phone number: _____

Pharsight Software and Quantity of Licenses Requested:

Software	Quantity
Phoenix™ WinNonlin®	
Phoenix NLME™	
IVIVC Toolkit™ for WinNonlin®	
Trial Simulator™	

Department Head at Your Academic Institution

First and last name and title: _____

E-mail: _____

Phone number: _____

Signature: _____

Below, and on additional pages if necessary, please provide a comprehensive overview of how the requested Pharsight software will be used.

Please provide the following information:

- Does your institution issue degrees? __Yes, __No.
- What percentage of time will the software be used for ____% teaching; ____% research?
 - If the software will be used in a teaching or course related manner, please provide the following:
 - The course ID and schedule (including start and end dates): _____

 - A copy of the course syllabus (please attach separately)
 - The number of students enrolled or expected to enroll: _____
- If research related:
 - The type of research (thesis related, basic research, government sponsored, etc.): _____

 - What is the source and percentage of funding by source (e.g.: 30% NIH, 25% university, 40% private foundation, 5% grant from industry, charity, etc...): _____

 - Privacy of results: will the results of the research be proprietary or public? _____

- How many students, researchers, and faculty will have access to the licenses? _____

Additional Information:

- Are you a current user of Pharsight's products? __Yes, __No.
- Which ones? _____
- Are you a: (circle one)
 - Student
 - Instructor
- If a student, what level are you studying towards? (select all that apply)
 - Undergrad
 - Masters
 - PHD
 - MD
 - DVM
 - Post-Doc
- What is your primary activity in your organization? (select all that apply)
 - PK/PD modeler
 - Pharmacokineticist
 - Clinical Pharmacologist
 - Statistical / Biostatistician / Biometrician
 - Clinician
 - R&D Manager
 - Formulation Developer

- Toxicologist
- Bioanalytical chemist
- Information Technology
- DMPK / Preclinical PK / Toxicokinetics
- Other:
- Do you perform any of the following tasks: (select all that apply)
 - Non Compartmental Analysis (NCA)
 - Compartmental modeling
 - Generating tables
 - Generating charts
 - Reviewing clinical trial data
 - Reviewing pre-clinical data
 - Analyzing Data using custom PK/PD models or WinNonlin Toolbox
 - IVIVC or formulation development
 - Teaching PK/PD principles
- What other PK analysis or modeling tools are you using? _____

