PROKON Academic License Application

University Name:

PBO Registration Number:

Number of Licenses:

Physical Address:

Postal Address:

University License Administrator Name:

University License Administrator Contact Number:

University License Administrator Email Address:

Contact Name:

Contact Number:

Contact Email Address:

Physical addresses for
designated locations where
software will be used:

* MUST BE UNIVERSITY EMAIL ADDRESSES

*Structural Analysis and Design software
developed for Engineers by Engineers*

PROKON®

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+353 (0)1 699 4182 | info@prokon.ie | www.prokon.com

PROKON Academic License Application

SEMESTER MODULES (FIRST SEMESTER)

Start Date:

End Date:

Examination Period:

SEMESTER MODULES (SECOND SEMESTER)

Start Date:

End Date:

Examination Period:

YEAR MODULES

Start Date:

End Date:

Examination Period:

Number of Students:

Number of Lecturers:

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* MUST BE UNIVERSITY EMAIL ADDRESSES

SUBMIT APPLICATION