

COURSE LICENSE FORM

1. Choose course(s) to license:	
Weather Ocean STUDIES Climate	
2. Enter license information:	
Course license (August 15 th to August 14 th): Academic year 20 to 20	
Institution:	
Lead instuctor's name (will receive all course-related material):	
Lead instructor's area of expertise:	
Academic department:	
Address (to which materials will be sent):	
City: State: ZIP:	
Phone: () Fax: ()	
E-mail (please print clearly):	
Number of faculty material sets needed:	
Please list ALL additional instructors:	
Referred by:	
3. Provide license fee and billing information:	
Course license fee: \$149 per course for data access August 15th to August 14th of the acade	nic year
Credit card CC# Exp	
□ Visa P □ MC □ CVC	
Invoice Billing Address: CLIMATE	
Check enclosed DIVERSITY	
PROJECT	
City: State: ZIP: _	

4. Enter course information:			
Type of instructional setting for	or this AMS course off	ering?	
Completely online	Face-to-face	Combination online and face-to-face	
This offering of the AMS cours	se is a(n):		
☐ Introductory-level	☐ Mid-level	Upper-level	
How many credit hours will th	is course be?		
Will this course be offered wit	:h a lab?		
Which of the AMS products do	o you plan to have stu	dents use for this course? (check all that apply)	
☐ Textbook			
elnvestigations manua	l (includes student log	gin for the course website)	
Current Studies investi	gations from course w	vebsite	
Other AMS course web	osite resources (news	files, supplemental information files,	
and/or weather maps)			
Bookstores to be used for ord	ering student materia	ls?	
	_		
What course management sys	stem will be used this	year to administer this AMS course	
(e.g. Blackboard, Moodle, D2I	.)?		
Does your school license Resp			
**If you are not familiar with Respondus, it is software for creating and managing exams that can be published directly to various course management systems.			
5. Join AMS Education's Men	tor Program:		
First year offering the AMS course materials: Would you be interested in a mentor? Yes No **If you would like to know more about our Mentor Program, please contact us at the e-mail address below.			
If you have taught the AMS comentor for new adopting facu		years: Would you be interested in acting as a ☐ No	
6. Lead instructor signature:			
Signature:		Date:	
This document is supplementary to Meteorological Society and the Lice	-	rse MASTER LICENSE AGREEMENT between the American of this for your records.	



6.

To submit course license form:

Fax: 1 (800) 258-1176 Mail: AMS Education Program 1200 New York Ave, NW Suite 500 Washington, DC 20005

Questions?