

Partner Application Form: General Information and Contact Information

Institution Identification

Name of Institution	<input type="text"/>
Federal Employer Identification Number	<input type="text"/> (if applicable)
Partner Type: (select all that apply)	<input type="checkbox"/> Course Developer <input type="checkbox"/> edCenter Only

Location of Institution

Department or Division	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Postal Code	<input type="text"/> (format: 12345-1234)
Main Telephone Number	<input type="text"/> (format: 303-123-1234)
Phone Extension	<input type="text"/>
FAX Number	<input type="text"/> (format: 303-123-1234)
E-mail Address	<input type="text"/>
Web URL for Institution	<input type="text"/> (optional)

Principal Contact for edPal

This person serves as the primary contact for edPal and should be familiar with all aspects of the

edPal

relationship between the two. Enter the name and contact information for the appropriate person at your institution.

Contact Name

Contact E-mail Address

Contact Phone: