REQUEST TO WAIVE NORTHWESTERN UNIVERSITY’S RIGHTS FOR WORK CONDUCTED BY STUDENTS AS PART OF A CLASS, INTERNSHIP OR INDEPENDENTLY WITH OR WITHOUT SUPERVISION FROM AN INSTRUCTOR

Title of Invention:

__________________________________________________

Date of conception or/and reduction to practice: ____________________________

Description of Invention:
Please attach a detailed description of this invention to this form.

Has the description of the invention been published or presented in a public forum?

Yes ___
No ___

Will the invention be published or presented in a public forum?

Projected Date ________
PLEASE LIST ALL STUDENTS/INVENTORS/AUTHORS:
Print name and signature, address, phone, department, school and title (if necessary attach a page with all names, schools and ranks)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Do any of the inventors conduct research with any other member of the Northwestern University community?
Yes ___
Please specify what other research the inventor is involved with. Provide name of faculty member and Departments.
No ___

List all of the Northwestern facilities used for this invention. Please exclude library services and meeting places.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

List sources of funding (Northwestern’s or other) used to develop the invention including salaries, research assistantships, scholarships, etc.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
The undersigned know(s) of no commitment, such as to an industrial, government, and foundation sponsor or to any additional individual or entity.

The undersigned understands that, if this request is granted, Northwestern University will:

a) Make no claim to this invention.
b) Not be responsible for any of the costs associated with this invention
c) Not provide legal representation to the inventor in case of litigation

In addition, the undersigned understands that if this technology is reduced to practice or otherwise further developed by any of the undersigned making significant use of Northwestern University-administered funds or facilities, Northwestern University has the rights to assert its rights in accordance with Northwestern University policies.

Department Head or Faculty Instructor endorsement of this request

I have reviewed this invention with the inventors and am familiar with the circumstances of its development. I have read and specifically confirm to the best of my knowledge the veracity of the assertion set forth in this form:

Department Head/Laboratory Director Signature:

Name (print):

Date: ___________

Submit form with all signatures to:

Northwestern University
Innovation and New Ventures Office
1800 Sherman Ave, Suite 504
Evanston, IL 60201
invo@northwestern.edu
Fax: 847-491-3625
Phone: 847-467-2097
Attn: Student inventions
PLEASE LIST ALL STUDENTS/INVENTORS/AUTHORS:

Inventor Signature:
Name (print):
Date:
Address:
Phone:

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Address:
Phone:

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