Student Petition to Release IP - FORM A

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

1.	Title of Invention:				
2.	Date of conception or/and reduction to practice:				
3.	Description of Invention: Please attach a detailed description of this invention to this form.				
4.	Has the description of the invention been published or presented in a public forum?				
	Yes No				
5.	Will the invention be published or presented in a public forum?				
	Projected Date				
6.	Do any of the inventors conduct research with any other member of the Northwester University community?				
	Yes				
	Please specify what other research the inventor is involved with. Provide name of faculty member and Departments.				
	No				

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/.	Garage, library services and meeting places.
8.	List sources of funding (Northwestern's or other) used to develop the invention including salaries, research assistantships, scholarships, etc.

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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.

PLEASE LIST ALL STUDENTS/INVENTORS/AUTHORS:

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

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Inventor Signature:			
Name (print):			
Date:			
Address:			
Phone:			
Email:			
Graduate Thesis Adv request	visor, Faculty Instructor, o	r Department He	ad endorsement of this
of its development.	invention with the inventor I have read and specificall tion set forth in this form.		
Graduate Thesis Adv	visor/Faculty Instructor/De	partment Head S	ignature:
Signature		Date:	
Print name			
Submit form with all	signatures to:	1800 Sherman Evanston, IL 60 Attn: Student I	I New Ventures Office Ave, Suite 504 0201 Inventions
		invo@northwes Fax: 847-491-3 Phone: 847-46	3625

If granted, waiver letters will be sent to all inventors within 30 days after receipt of a completed petition.