

**REQUEST TO WAIVE NORTHWESTERN UNIVERSITY'S RIGHTS FOR INTERNSHIPS  
SPONSORED BY AN INSTITUTION OTHER THAN NORTHWESTERN UNIVERSITY**

**All agreements with external organizations need to be reviewed first by  
Northwestern University Office of General Counsel**

Company or Sponsoring Institution:  
*Please provide name, address and contact information*

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Dates of internship: \_\_\_\_\_  
*Please provide start and end date of the internship*

Description of work being conducted by the student (add attachment if necessary):

**PLEASE LIST ALL STUDENTS INVOLVED IN THE PROJECT:**  
*Print name and signature, address, department, school (if necessary attach a page with  
all names, schools)*

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Do any of the students conduct research with any other member of the Northwestern University Community?

Yes \_\_\_\_

*Please specify what other research the student is involved with. Provide name of faculty member and departments*

No \_\_\_\_

Will the student conduct part of the internship at Northwestern or use any Northwestern resource?

Yes \_\_\_\_

No \_\_\_\_

List sources of funding for the internship

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Does the student receive any salary, tuition reimbursement or scholarship from Northwestern University?

Yes \_\_\_\_

*Please specify what other research the student is involved with. Provide name of faculty member and Departments.*

No \_\_\_\_

The students understand that, if this request is granted, Northwestern University will:

- a) Make no claim to any invention developed during the internship
- b) Not be responsible for any of the costs associated with this invention
- c) Not provide legal representation for any potential invention

In addition, the undersigned understands that if this technology is reduced to practice or otherwise further developed 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](mailto:invo@northwestern.edu)  
Fax: 847-491-3625  
Phone: 847-467-2097  
Attn: Student inventions



# INVO | Innovation and New Ventures Office



NORTHWESTERN  
UNIVERSITY

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**PLEASE LIST ALL STUDENTS:**

Inventor Signature:

Name (print):

Date:

Address:

Phone:

Inventor Signature:

Name (print):

Date:

Address:

Phone:

Inventor Signature:

Name (print):

Date:

Address:

Phone:

Inventor Signature:

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Date:



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Address:

Phone:



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