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

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)
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

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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
Fax: 847-491-3625
Phone: 847-467-2097
Attn: Student inventions
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:

Name (print):
Date: