

MichiganTech

Technology & Economic Development

INVENTION DISCLOSURE FORM

TED I.D. # _____

DATE RECEIVED: _____

Section 1: Invention Title:

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Section 2: Disclosers (if more than four Disclosers, please attach additional sheets)

Full Name:	Citizenship:
Department: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student	Contribution to Disclosure %
Phone: () Email:	Home Address:
Signature:	Date:
Full Name:	Citizenship:
Department: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student	Contribution to Disclosure %
Phone: () Email:	Home Address:
Signature:	Date:
Full Name:	Citizenship:
Department: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student	Contribution to Disclosure %
Phone: () Email:	Home Address:
Signature:	Date:
Full Name:	Citizenship:
Department: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student	Contribution to Disclosure %
Phone: () Email:	Home Address:
Signature:	Date:

Section 3: Invention Description

Please provide a brief summary of the invention below including a description of the function and purpose of the invention. In addition to the summary provided below, please attach supplemental materials describing the construction or composition of the invention including diagrams and drawings as they are necessary to understand the invention and any available experimental data. The supplemental information should be clear enough that another party skilled in your technical field could recreate the invention with a reasonable level of experimentation. (attach additional sheets if necessary)

Section 4: Prior Art:

Please provide any available information on other known technologies that satisfy similar objectives as this technology including advantages of this technology over others. Include descriptions of competing technologies and references to web sites, articles, or patents that you are aware of. (attach additional sheets if necessary)

Section 5: Source of Support

Was this invention conceived or reduced to practice as a result of sponsored research? Yes No
If NO, how was this work funded?

If YES, please provide information on all related contracts:

Sponsor: Contract # or Michigan Tech Account/Index#:

Sponsor: Contract # or Michigan Tech Account/Index #

Did you use any material obtained from another party in developing this technology?

Yes No If Yes, please list source (attach copy of material transfer agreement if applicable)

Section 6: Invention History

Conception of Invention	Date:
First sketches, drawings, or description:	Date:
First oral disclosure in an open setting:	Date:
To Whom:	
First disclosure outside of Michigan Tech (e.g. abstract, proposal, paper submission, talk. Please attach copy if available)	Date:
Has model or prototype been made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Is a publication or other public disclosure planned within 6 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

Section 7: Commercial Potential

What are the possible applications for the invention?

Is work on the invention continuing? Yes No

Have you been in contact with or do you know of any appropriate industrial companies that may be interested in licensing this technology? (Please use additional sheet if necessary)

Company Name	Contact Person	Contact
Information		

Section 8: Witness

WITNESSED AND UNDERSTOOD BY ME

	Print Name	Signature	Date
I have read this invention disclosure and understand its subject matter.			