INDIANA WESLEYAN UNIVERSITY INVENTION DISCLOSURE FORM

Inventor(s): _____

Department(s): _____

Sponsor(s): _____

Invention Name or Title: _____

Abstract of Invention:

Background of the Invention (Discuss each of the following in detail and attach all relevant documentation)

To what discipline, sub-discipline or commercial field would the invention belong?

What are the immediate and/or future applications of the invention (i.e. medicine, chemical industry, etc.)?

Why is the invention/innovation better or more advantageous than present technology?

What problem(s) does it solve?

Is work on the invention continuing?

Are there any test data?

Have products, apparatus or compositions been made and tested?

Detailed Description of the Invention

Please attach documentation as necessary and provide examples, drawings and a description of how the invention works:

Publications, Public Use and Sale

Has there been a disclosure related to the invention in an abstract, paper, talk, news story or thesis? _____Yes _____No

Type of Disclosure: _____ Disclosure Date: _____

Is a publication or other disclosure related to the invention planned in the next six months?
_____Yes _____No

Type of Disclosure: _____ Disclosure Date: _____

Has there been any public use or sale of products embodying the inventions?
_____Yes _____No

Describe and give date: _____
_____

Are you aware of related developments by others? _____Yes _____No

If available, attach copies of any related patents or publications.

Sponsorship

Is the research or work that led to the invention externally sponsored? _____Yes _____ No

Type of agency: _____Federal _____Industry _____University
_____Foundation _____Other

Name of funding agency:

Grant Number: _____

Has the invention been disclosed to industry representatives? _____Yes _____No

If yes, please provide date, company name, address, names of company representatives, contact information and describe the context of disclosure: _____
_____
_____
_____
_____

Signatures of Inventors

Name(s) and title(s):
Country of Citizenship:
Mailing Address: _____
_____
Telephone number and e-mail address: _____
Signature: _____ Date: _____

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