**Date Submitted Certify Completion TechID No.**

00/00/00

**INSTRUCTIONS**: Fill in every blank field with the requested information or enter ‘Not Applicable’ or ‘N/A’ as appropriate. **If the space provided is insufficient, enter “see attached sheet” and attach plain pages as needed to expand answers.** When this form is completely executed, it becomes a critical legal document for intellectual property protection.

**DESCRIPTION OF INVENTION, WORK, MATERIAL, OR DESIGN**

*Attaching sketches, drawings, photos, reports and manuscripts is helpful.*

**1a. DESCRIPTIVE TITLE**

**1b. DESCRIPTION/ABSTRACT** Describe the invention, work, material, design or software. What is the purpose and operation? What are the features believed to be new?

**2. INNOVATOR(S)** Please complete the information below for all inventors, **including collaborators from other institutions**. All fields ar e required. Copy this page for additional inventors if needed. **All inventors must intial and date this form by hand in the space provided.**

**Signatures are required for individuals subject to FSU policies and procedures related to intellectual property ownership and revenue distribution, including Regulation 6.009 and the applicable Collective Bargaining Agreement.**

**I (We) hereby assign all right, title and interest to this invention to Florida State University and agree to execute all documents as requested, assigning to Florida State University our rights in any patent application filed on this invention, and to cooperate with Florida State University. Commercialization office in the protection of this invention. Florida State University will share any royalty income derived from the invention with the inventor(s) in accordance with the applicable collective bargaining agreement, university policies, regulations and procedures.**

**Innovator(s)**

**Name:**

**Title:**

**Email:**

**Citizenship:**

**Employer:**

**Address:**

**3a. PRIOR EXISTING TECHNOLOGY** Describe the previous method, material or apparatus used by others to perform the purpose of this invention (if applicable), and give their limitations/disadvantages.

**3b. ADVANTAGES**

State the advantages of this technology over the Prior Existing Technology described in paragraph 2c. Why is the invention more advantageous than present technology? What problems does it solve? What are its novel and unusual features?

**3c. COMMERCIAL INTEREST / INDUSTRY PARTNERS** Who would be the customer/end user? What companies would be potential

**SECTION 4: PUBLIC DISCLOSURE AND PUBLICATIONS**

**4a. PUBLIC DISCLOSURE** Has a written paper, presentation, work, or other description of the technology been offered to a publisher or journal, published, or made available to the public in any capacity?

If yes:

Short Title:

To whom:

When:

Where:

If not, do you plan on publishing or publicly presenting the technology within the next six months?

If yes:

To whom:

When:

Where:

4b **PRIOR AGREEMENTS:** During the last five years have any of the inventors signed any documentation or agreements of any type during a visit to an outside entity such as a commercial or government research lab concerning this, or been employed by another entity claiming ownership of intellectual property of its employees?

If yes

To whom:

When:

Where: \*

**SECTION 5: GRANTS, SPONSORSHIP, AND SUPPORT**

**CONTRACTS AND GRANTS:** Provide the following information for each grant or contract which supported the work, material or software, or conception and enablement of the invention.

**5a. Is there Federal Funding?**

PI Name:

Grant or Contract Number:

Grant or Contract Title:

Funding Institution:

**5b. Was there State Funding?**

PI Name:

Grant or Contract Number:

Grant or Contract Title:

Funding Institution:

**5c. Was there Industry Funding?**

PI Name:

Grant or Contract Number:

Grant or Contract Title:

Funding Company/Organization:

**5d. PERMISSIONS:**  Did you or any of the authors use material from others (such as software, manuscripts, or other works) to produce the Work?

What is the Permission Source?:

**6a. What College(s) are associated with Invention?**

**6b. What Department(s) or Institute/Center(s) are associated with this Invention?**