





9. Indicate any pending disclosures (date, place, to whom, method of disclosure).
  
10. List patents, publications, and/or commercial products or processes known to you showing a.) technology closest to this invention, and b.) closest known use of those elements or steps of this invention that differ from a.).
  
11. Indicate the potential commercial use of this invention (e.g., fields of use, advantages, estimate of value)
  
12. Indicate any potential commercial licensees that may be interested in this invention.
  
13. Identify any sponsors and projects (provide fund number) under which either conception or first reduction to practice occurred, including partial funding and Federal "formula" funding. Also list any related projects and/or inventions and any other potential claimants to rights in this invention.
  
14. Were any University funds or other resources used in making this invention (if yes, please explain).
  
15. If funded by an external sponsor, has the sponsor been notified of this invention, either directly, in a progress or other report, or in an application for additional funds (date, sponsor, method of disclosure)?

This disclosure will become the first official University record of this invention. Before signing, please ensure, to the best of your knowledge, that all information provided herein is complete and accurate.

**Signed and submitted by:**

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Address, Including City, State and Zip \_\_\_\_\_

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Home Address, Including City, State and Zip \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Address, Including City, State and Zip \_\_\_\_\_

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**Departmental Endorsement:** To the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Endorsement for Inventions by WPI Students:** To the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Student Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Associate Provost Office Use

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Date Received \_\_\_\_\_ Acknowledged by \_\_\_\_\_

Sponsorship Rights Verified: Yes \_\_\_\_\_ No \_\_\_\_\_

Copies Attached: Yes \_\_\_\_\_ No \_\_\_\_\_