WPI Disclosure Number (OTC will assign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORCESTER POLYTECHNIC INSTITUTE**

**INTELLECTUAL PROPERTY DISCLOSURE FORM**

*Forward this completed and signed form to the Office of Technology Commercialization*

**Title of invention:**

**Department: Dean: Is this an IQP or MQP?**

**1. Big Picture: What is the ultimate “one sentence” possible product? What need does it address?**

**2. Inventor(s) –Identify all individuals who have made significant intellectual contributions to this invention's advance over prior technology, but do not include anyone merely because s/he has carried out some of the experimental work.**

**For Each inventor:**

**Given Name:**

**Family Name:**

**Faculty Title/Position:**

**If student: undergraduate/graduate, expected year of graduation**

**WPI email: Non WPI Email:**

**3. Specify any other inventor(s) who is/are an employee of an organization other than WPI and the institutional affiliation.**

**4. Describe the “Important Customer Need or Needs” that you are addressing. What is the specific market segment addressed and how big is it? Do you have a possible business model for your invention ?**

**5. Describe your technical “Approach” for how you will address that need.. Include the functions and the invention fulfills and the “physical” solution to the design problem posed by functions Feel free to attach manuscripts, abstracts, drawings, or videos describing the technical aspects of the invention.**

**6. Describe the quantitative “Benefits/costs” of your approach. Why is your idea of significant worth to somebody?**

**7. Who is the “Competition” and why are the benefits/costs of your approach significantly better? Quantify: is it 2-10 times better?**

**8. Please provide key words that best identify with your idea:**

**9. Prior Art (Relevant recent “background” o successfully determine the patentability of this invention, it will be necessary to compare it to any existing technology, i.e., "*prior art*." Provide any references to assist in this evaluation.) You should go to** [**http://www.searchrealfast.com/wpi**](http://www.searchrealfast.com/wpi) **and use your WPI email for a quick and efficient way to search for prior art. Use your key words to assist in the search. A quick tutorial can be found at:** [**http://www.searchrealfast.com/faculty**](http://www.searchrealfast.com/faculty)

**10. What level of proof or evidence of viability do you have for the invention? Working prototype, proof of concept experiments, etc.?**

**11. Has this invention been disclosed to others, either verbally or in written form (date, place, to whom, method of disclosure)?**

**12. Indicate any pending disclosures (date, place, to whom, method of disclosure).**

**13. Indicate any potential commercial licensees that you think may be interested in this invention.**

**14. Identify any grants, sponsors or projects (provide grant/contract 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.**

**NOTE: This is very important to have the correct grant number in the proper format as WPI needs to report any inventions developed under federal grant money.**

Grant:

Sponsor Grant # Principal Investigator

Federal formula funds (Hatch or McIntyre-Stennis). Specify:

Other Sources of Funds (Describe, e.g., EPSCOR, Industry). Specify:

**15. Were any University funds or other resources used in making this invention (if yes, please explain).**

**16. 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. This disclosure must be complete with all invention information submitted and all signatures to be accepted.**

**Signed and submitted by:**

**Inventor's Signature (1) Date Citizenship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Print name:**

**­­­**

**Home Address, Including City, State and Zip**

**Inventor's Signature (2) Date Citizenship**

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**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address, Including City, State and Zip**

**Inventor's Signature (3) Date Citizenship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address, Including City, State and Zip**

**Inventor's Signature (4) Date Citizenship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address, Including City, State and Zip**

NOTE: WPI will assume that any eventual revenue from this invention will be split equally, unless there is a different split as acknowledged below:

Inventor 1: Name Percent of Inventor share: \_\_\_\_\_\_\_\_\_\_

Acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inventor 2: Name Percent of Inventor share: \_\_\_\_\_\_\_\_\_\_

Acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inventor 3: Name Percent of Inventor share: \_\_\_\_\_\_\_\_\_\_

Acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inventor 4: Name Percent of Inventor share: \_\_\_\_\_\_\_\_\_\_

Acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add more as needed

**Advisor Endorsement for Inventions by WPI Students:** To the best of my knowledge,

the above information is correct.

Student Advisor Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

For Office of Technology Commercialization use:

Date Received Acknowledged by

Sponsorship Rights Verified: Yes No

Copies Attached: Yes No