C O N F I D E N T I A L

Intellectual Property Disclosure Form

Bowie State University Technology Transfer & Innovation Office (TTIO)

(Patent, Copyright, Trademark, and/or Tangible Research Property)

**Intellectual Property Disclosure Number**: (to be assigned by TTIO, Office of Research and Sponsored Programs)

# Title of Invention/Work

1. **Inventor/Creator Data** (*List inventors in order that they should appear on official documents; primary contact will be responsible for all communications regarding this invention.)*

Primary Contact Inventor/Creator Name:

Inventor/Creator #1:

Dr. Mr. Ms. Mrs. Name: Title:

Department: Employee/Student ID #: Citizenship:

Full Business Address:

Full Home Address:

Direct Business Phone: Fax: Cell/Home Phone:

Email: BSU Affiliation: Faculty Staff Grad Student Undergrad Student Other

# Inventor Signature: Date Signed:

Inventor/Creator #2:

Dr. Mr. Ms. Mrs. Name: Title:

Department: Employee/Student ID #: Citizenship:

Full Business Address:

Full Home Address:

Direct Business Phone: Fax: Cell/Home Phone:

Email: BSU Affiliation: Faculty Staff Grad Student Undergrad Student Other

# Inventor Signature: Date Signed:

Inventor/Creator #3:

Dr. Mr. Ms. Mrs. Name: Title:

Department: Employee/Student ID #: Citizenship:

Full Business Address:

Full Home Address:

Direct Business Phone: Fax: Cell/Home Phone:

Email: BSU Affiliation: Faculty Staff Grad Student Undergrad Student Other

# Inventor Signature:

*(Please attach extra page(s) with information on additional inventors)*

# Date Signed:

1. **Date of Invention** *(Provide the date the invention was first conceived. This date should be documented in your lab records. Give reference numbers and physical location of the lab records, but do not enclose them.)*
2. **Brief Description of Invention** *(attach description if necessary)*
3. **Detailed Description of Invention** *(Please attach a complete enabling description of the technology describing the specific novelty of the invention. The description may be by reference to a separate document such as a copy of a report, preprint, grant application, manuscript and the like.)*

# Sponsorship

* 1. Funding Source: Federal State Corporate BSU Other: None Contracting Agency/Commercial Entity Grant/Contract Number Funding Amt.

* 1. Was this invention made under any other agreement(s) (e.g. collaboration, material transfer, nondisclosure, or other non-funded agreement)? Yes No

Describe:

# Public Disclosure(s)

1. Submitted to a Journal: Yes No Date: Journal Name:
2. Published: Yes No Date: Journal Name:
3. Oral Disclosure: Yes No Date: Location: Handouts? Yes No
4. Poster Presentation: Yes No Date: Published Abstract: Yes No
5. Thesis or Dissertation: Yes No Date:
6. Other Disclosure: Yes No Date: Describe:
7. **Technology Significance** *(choose one)*

Modification to existing technology Substantial advancement in the art Major breakthrough

1. **Technology Stage** *(choose one)*

Concept Design Prototype Modification Production Model Used in current work Ready to license final product

1. **Future Research Plans** What additional research is needed to complete development and testing of the invention?
2. Is this research presently being undertaken? Yes No If yes, identify sponsor:
3. Actively pursued by faculty/staff? Yes No If yes, identify faculty/staff:
4. Actively pursued by corporate partner? Yes No If yes, identify corporate partner:
5. Should corporate sponsorship be pursued, other than the corporate partner? Yes No
6. Do you wish to form a “start-up” company based on this technology? Yes No

# Commercial Potential

1. List all products, processes and/or services you envision resulting from this invention and whether they can be developed in the near term (less than two years) or long term.
2. Software inventions: If this is a modification or improvement to an existing work or incorporates elements that are not original to the creator(s), please identify that work and its creator(s).

# Competition and Potential Users and Manufacturers

1. Describe alternate technology or products, processes and/or services currently on the market of which you are aware that accomplish the purpose of this invention.
2. Please identify any related technologies or devices which are used for other purposes.
3. List any companies you believe may be interested in this technology. Provide contact(s), address(es) and phone number(s) for each, if available.

Signatures All BSU inventors/creators must sign and date this Intellectual Property Disclosure Form which certifies that all information provided herein is complete to the best of the inventor’s knowledge. Signatures further certify that inventors have reviewed and understand the University System of Maryland Policy on Intellectual Policy [IV-3.20.pdf (usmd.edu)](https://www.usmd.edu/regents/bylaws/SectionIV/IV-3.20.pdf) (Approved by the Board of Regents, February 8, 2002; Amended by the Chancellor, July 7, 2004; Amended by the Board of Regents, February 13, 2009, Amended December 15, 2017; Amended by the Board of Regents, June 21, 2019).

Completed Intellectual Property Disclosure Forms may be sent by email or mail to Bowie State University Office of Research and Sponsored Programs Postal Address:

Tech Transfer & innovation Office, Office of Research and Sponsored Programs, 14000 Jericho Park Road, Bowie, MD 20715 Email:ttio@bowiestate.edu

Incomplete Intellectual Property Disclosure forms cannot be processed and will delay the technology transfer process.

**BSU ORSP Review and Acceptance of the Invention Disclosure** (for BSU ORSP use only):

Printed Name: Title:

Signature: Date: