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| **For Internal Use, Only**  Disclosure Number: \_\_\_\_\_\_\_\_\_\_\_  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**Student Innovative Creation Disclosure Form**

This form should be completed for copyrightable subject matter and any other novel creations, innovations, and ideas

Please prepare this form with care, it is an important legal document. Please attach any additional documents you feel would be helpful in describing the novel innovation. If you have any questions, please contact the University’s Director for Innovation and Venture Development, Mark Fox, at (419) 372-8717.

* Please send a hard copy of this form, signed by all of the contributors, to: Office of Research & Economic Engagement, 140 McFall, Bowling Green State University, Bowling Green Ohio, 43404.
* Please also e-mail the completed form to: [foxmw@bgsu.edu](mailto:foxmw@bgsu.edu)

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| 1. **Title of Innovation** |
| Title: |

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| 1. **Contributor(s)** (Primary Contact Person should be listed first) |
| Identify all individuals who have made a material contribution to the conception of the complete and operative innovation as it will be applied in practice. Please add additional Contributors if applicable.   |  |  | | --- | --- | | **Contributor #1** | Name: | | College/Major: | % contribution to concept\* | | Campus Email: | Campus Phone: | | Personal Email: | Personal Phone: |  |  |  | | --- | --- | | **Contributor #2** | Name: | | College/Major: | % contribution to concept\* | | Campus Email: | Campus Phone: | | Personal Email: | Personal Phone: |  |  |  | | --- | --- | | **Contributor #2** | Name: | | College/Major: | % contribution to concept\* | | Campus Email: | Campus Phone: | | Personal Email: | Personal Phone: |   **Additional Contributors:** |
| \*Subject to change. Contributor revenue will be shared per the terms of BGSU Policy on this basis, which may be changed upon mutual written consent. |

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| 1. **Detailed Description** (Provide a description which is detailed enough to fully explain the innovation) |
| General purpose and problem solved by the innovation: |
| Unique or novel features of the innovation and/or results or benefits of use. |
| Detailed Description: Please submit the detailed description separately as “Attachment A.”  The Attachment should include any data, drawings, sketches, photos, reports, or other related information. |

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| **4. Conception & Reduction to Practice** (Provide information regarding the first successful operation of the innovation) | |
| Conception Date and Location: | Has reduction to practice occurred?  Yes  No |
| If there was joint development, indicate what contributions were made by each Contributor. | |

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| **5. Commercialization Potential** |
| What products, processes, or services would result from the innovation? |
| State of development of the innovation at this time. (For example, has it been tested and is it ready for commercial development). |

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| **6. Disclosure of the Innovation (if any)** (List all public & private presentations or disclosures & attach copies.) |
| **Past Disclosures**   |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |  |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |   **Planned Disclosures**   |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |  |  |  | | --- | --- | | Type of Disclosure: | Date of Disclosure: | | To Whom: | Place of Disclosure: |   **Additional Disclosures:** |

**In order for this innovation disclosure to be complete and processed by the Office of Research & Economic Engagement, it must be reviewed and signed by ALL Contributor(s) in the spaces provided below.**

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| **Signature of All Contributors:** |
| I certify that all of the information provided herein is complete and accurate to the best of my knowledge.  I have reviewed and understand the Patent and Copyright policies of Bowling Green State University.   |  |  | | --- | --- | | Printed Name: | Title: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |  |  | | --- | --- | | Printed Name: | Title: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |  |  | | --- | --- | | Printed Name: | Title: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | |