To be completed by the FAU employee.

1. TITLE OF WORK: ___________________________________________________________

2. SUBMITTING CREATOR’S INFORMATION:
   Name: ________________________________________________________________
   Work Phone: ___________________ Fax: ___________________ Email: ___________________

3. THE WORK is a _____ Traditional Work of Scholarship, a _____ Regular Instructional Work, or an ____ Other:
   a. Brief description

   b. Attach a detailed description in most efficient format

   c. State of the Art (Include literature, copyrights or presentations of which you are aware.)

   d. How is the Work unique?

   e. Does the Work need more work? ___ NO ___ YES Funds needed - $__________ Time needed- _________

   f. Earliest date of the Work ____________________________.

4. MATERIAL(S) from third parties:

<table>
<thead>
<tr>
<th>Material</th>
<th>Source</th>
<th>Contact Name</th>
<th>Phone</th>
<th>License (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. SUPPORT  
   a. FAU SUPPORT: ________% 
   Place __________________ Location __________________

   b. OTHER SUPPORT: ________% 
   Name __________________
   Grant/Contracts Number __________________
   Address __________________
   Contact Person __________________ Phone __________________ Email __________________
   Grant Title __________________
   P.I. Name __________________ Phone __________________ Email __________________

C. FUTURE SUPPORT – Do you intend to apply for Federal funding to reduce this Work to practice? ___ NO ___ YES
If yes, you must notify the FAU-OTT and report the Work on your closing grant reports.
6. DISCLOSURE Which of the following have you done or do you intend to do with the Work?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>DATE</th>
<th>CDA</th>
<th>GIVE PUBLICATION, MEETING, OR COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Publish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Oral Presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Poster Session</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Disclose to Industry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Posting on Internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Offer for sale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Seen by non-FAU persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. CREATOR(S):

FAU CREATOR(S) (including students)

Name: __________________________________________________________________________________________
Official Title/Position: ___________________________________________ Citizenship:___________________________
Department: ________________________________________________ College: _______________________________
Work Address: _____________________________________________ Work Phone: _____________________ Fax: __________ Email: _____________________________________________
Home Address: _____________________________________________ Home Phone: _____________________ Fax: __________ Email: _____________________________________________
I agree that any income from this invention will be distributed equally among the Creator(s). ____ Yes ____ No
If NO to the above question, what percentage should you receive? __________

Signature: ___________________________________________________________ Date: _____________

NON-FAU CREATOR(S) (industry and/or university)

Name: __________________________________________________________________________________________
Official Title/Position: _______________________________________________________________________________
Employer: ________________________________________________ Department: ____________________________
Work Address: _____________________________________________ Citizenship: ____________________________
Work Phone: _____________________ Fax: __________ Email: _____________________________________________
Home Address: _____________________________________________ Home Phone: _____________________ Fax: __________ Email: _____________________________________________
I have disclosed this invention to my employer. ____YES ____ NO
I agree that any income from this invention will be distributed equally among the Creator(s). ____ Yes ____ No
If NO to the above question, what percentage should you receive? __________

Signature: ___________________________________________________________ Date: _____________

8. COMMERCIALIZATION OF THE WORK – (Check those that apply.)

a. ___ The Creator(s) wish to continue research on this Work.
b. ___ The Creator(s) want FAU to commercialize this Work.
c. ___ The Creator(s) wish to obtain the rights to this Work if the university elects to waive its rights.
d. ___ The Creator(s) want FAU to license this Work a company owned by the Creator(s).
e. ___ The Creator(s) want this Work dedicated to the public domain.

9. ADDITIONAL COMMENTS FROM THE CREATOR(S):

HAND DELIVER ORIGINAL AND ONE COPY TO THE DIVISION OF RESEARCH
OFFICE OF TECHNOLOGY TRANSFER, BOCA RATON CAMPUS, ADM 232 (EXTENSION 7-1165)