

## Appalachian State University

### Student Request for Release of Intellectual Property Rights Invention and Discovery Disclosure Form



Please submit the completed form via email to:  
ip@appstate.edu

Submit a hardcopy with original signatures to:  
IP Council  
C/O Office of Research Protections  
376 John Thomas Building  
Appalachian State University  
Boone, NC 28608

**For the sake of readability, hand written disclosures will not be accepted.**

Questions?  
Email ip@appstate.edu or call (828) 262-2692

[This form is only to revert IP ownership to the student inventor. If you are requesting anything else, please use the IP Disclosure form]

**CONFIDENTIAL**

### I. Student Inventors

Identify all inventors below and obtain signatures. Note: For this form, the Primary Inventor must be a student at Appalachian State University. Please attach an additional copy of this page if needed.

**Student Inventor's Name (Primary Contact):** \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Department: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_  
Percent Share of Inventor Royalties: \_\_\_\_\_  
Course number: \_\_\_\_\_ Course name: \_\_\_\_\_  
Faculty adviser: \_\_\_\_\_ Email address: \_\_\_\_\_  
  
Signature: \_\_\_\_\_

**Student Inventor's Name:** \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Department: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_  
Percent Share of Inventor Royalties: \_\_\_\_\_  
Course number: \_\_\_\_\_ Course name: \_\_\_\_\_  
Faculty adviser: \_\_\_\_\_ Email address: \_\_\_\_\_  
  
Signature: \_\_\_\_\_

**Student Inventor's Name:** \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Department: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_  
Percent Share of Inventor Royalties: \_\_\_\_\_  
Course number: \_\_\_\_\_ Course name: \_\_\_\_\_  
Faculty adviser: \_\_\_\_\_ Email address: \_\_\_\_\_  
  
Signature: \_\_\_\_\_

## II. Description of Invention

1. Invention Title: \_\_\_\_\_

2. Select a category for the invention:

- |  |   |
|--|---|
| <input type="checkbox"/> Nano-Technology             | <input type="checkbox"/> Computational and Efficiency Enhancers |
| <input type="checkbox"/> Software                    | <input type="checkbox"/> Biotechnology and Agro-medicine        |
| <input type="checkbox"/> Health Care/Medical Devices | <input type="checkbox"/> Manufacturing/Process Enhancers        |
| <input type="checkbox"/> Other:                      |   |

3. Check all boxes that apply to the category of the invention:

- New Process
- New Device
- New Product
- New use for an Existing Process/Product
- New Composition of Matter
- Improvement to an Existing Process/Product

4. Invention conception date: \_\_\_\_\_

5. Describe how the invention came to be: \_\_\_\_\_

6. Was the work self-directed?       Yes       No  
(Did you come up with this idea on your own, not given to you as part of an assignment or project?)

7. Has the invention been reduced to practice?     Yes       No

8. PLEASE DESCRIBE THE INVENTION IN DETAIL.

9. Describe the particular problem the invention seeks to solve.

**CONFIDENTIAL**

10. What existing technologies or products solve or attempt to solve the same or similar problems?

11. What novel and/or unusual features distinguish this invention from existing technologies or products?

12. Have you published, submitted, prepared or publicly presented data, theses, reports, abstracts or journal articles pertaining to the invention? Please list these disclosures with actual or projected publication dates and attach copies, if possible. If disclosed to specific individual(s), please give name(s).

13. What university resources (e.g., materials, facilities, funding, employee time and effort) were used in the development of the invention?

14. What are you requesting from the IP Council?

Release intellectual property rights to student(s)

Other (please describe): \_\_\_\_\_

15. If available, please attach separate pages with related figures, drawings and/or photographs that help to describe the nature of operation and invention applications. Diagrams and visual representations are strongly encouraged.