

Please answer all questions and should you require any assistance do not hesitate to contact IPM at your earliest convenience.

INVENTION TITLE: _____

1. Please provide an abstract containing a description of your invention (no more than 250 words). In addition, if a more detailed description of the invention is available, please attach it to this form as a separate document.

2. What is the earliest possible date that you can document conception and/or reduction to practice of your invention?

a. Date of Conception: _____

b. Date of Reduction to Practice, if applicable: _____

3. Where do you see your invention being used in today's marketplace? Please summarize any potential applications.

4. List any external contacts (including former students, colleagues, etc.) that may be interested in licensing your invention?

5.

8. By signing as an inventor or co-inventor below, I hereby acknowledge that I contributed to making the above described invention, and hereby assign all right, title, and interest in such invention to the University of South Alabama (USA) pursuant to the terms and conditions of my employment and USA's Policies and Procedures.

Inventor:

Full Legal Name

(Date)

Home Address