

**UNIVERSITY OF ROCHESTER
INTELLECTUAL PROPERTY AGREEMENT**

I understand that in the course of my activities at the University of Rochester I may participate in a research program sponsored through grants or contracts by government agencies, corporations, foundations, or others outside the University. I also understand that these grants or contracts usually require that the University protect sponsor's rights to intellectual property that may result from such a research program.

If I receive any support from the University or other sponsoring agency through affiliation with a sponsored program, whether as salary or sharing in equipment use, expendable materials, or other support, I agree that I will:

1. Disclose promptly to the Office of Research and Project Administration full information concerning inventions or discoveries I may make in the course of any such sponsored research or training program;
2. Assign to the University of Rochester or its designee all of my right, title, or interest to such inventions, discoveries, patent applications, or patents;
3. Upon request of the University execute any document and do everything necessary and proper to secure the issue of letters patent, United States or foreign.

I understand that the University's policies may provide for sharing of any income arising from inventions, discoveries, or patents that I assign to the University under this agreement. I understand that such sharing and other policies and practices are outlined in the University's research policy manual which may change from time to time. I agree to abide by the terms in effect at the time of the disclosure of an invention.

I understand that from time to time the University's intellectual property policy and practices are reviewed by the Research Policy Committee for needed changes, such as those resulting from government regulations. I agree to keep informed of any changes in the intellectual property policy through revisions of the research policy manual or other announcements.

RESEARCH PARTICIPANT WITNESS

Signature

Signature

PRINT NAME AND DEPARTMENT:

PRINT NAME AND DEPARTMENT:

Name

Name

Department

Department

Date

Date

Return completed form to the Office of Research and Project Administration, 5th Floor Hylan Building, Box 270140.