Technology Partnerships Office
University of Dayton Research Institute
300 College Park
Dayton OH 45469-0102

RE: No Significant Use of UD Facilities or Funds/Waiver of UD Ownership Rights

Dear Sir:

I would like to request a determination that (check one):

_____ UD claims no rights in the technology/manuscript described below as it now exists, because I have developed this technology/manuscript without sponsored-research funds and without significant use of UD facilities or funds, or

_____ UD waives its ownership rights in the technology/manuscript described below.

It is my understanding that, if this request is granted, UD will make no claim to this technology, with the exception of retaining a nonexclusive, nontransferable, royalty-free license for UD’s internal use in carrying out its normal business of sponsored research and development, and that I have no further obligation to UD in relation thereto. I may, however, at my sole option, contact the Technology Commercialization Office (TCO) for possible patenting or copyrighting and licensing of my technology through the TCO, if the TCO elects to assist me.

Title:______________________________________________________________

______________________________________________________________

Please check one or more items as appropriate:

Software_____ Invention_____ Thesis_____ Mask Work_____
Biological or other tangible material_____

Description:_______________________________________________________

______________________________________________________________

Research Institute Division or Academic Department or Division_____________________

Sponsorship Sources, if any (Include Account No.):_________________________

UD Facilities/Equipment Utilized:_________________________________________

UD Funds:________________________________________________________________

If thesis, state whether manuscript serves as a Final or Interim Report under a sponsored-research contract:

_____________________________________________________________________

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Potential Use of Technology: __________________________________________________________

Requested by: 

Signature: _______________________________________________________________________

Name (print or type): __________________________________________________________________

Date: ____________________________________________________________________________

Address: __________________________________________________________________________

Phone: ____________________________________________________________________________

Approved by: (Research Institute Division Head or Academic Department Chair)

Signature: _______________________________________________________________________

Name (print or type): __________________________________________________________________

Date: ____________________________________________________________________________