

Annual Invention Update

To be completed by an authorized official in the sponsoring institution's office of technology transfer/intellectual property

Name and Title of Authorized Official	Signature	Date
The undersigned affirms the accuracy of	f the information contained above.	
If income is being generated on the above I institution regarding execution of a revenue Policy.	•	•
6. Has any income been generated in connInvention?Yes Please provide informationNo		nercialization of this
5. Has this Invention been licensed or othe ☐ Yes Please attach information ☐ No	rwise commercialized? about the terms of each agreement	
4. Has a copyright registration issued with the last of t	•	
3. Has a copyright application been filed w☐ Yes Please attach copy of the☐ No		
2. Has a patent been issued with respect t☐ Yes Please attach patent☐ No	to this Invention?	
1. Has a patent application been filed with a Yes Please attach informationNo	•	
Name of Invention/Discovery/Software:		
Name of Sponsor (if applicable):		_
Name of Researcher Awardee:		
Grantee Institution:		