

California State University, San Bernardino
Intellectual Property Rights Form

Title of Project: _____

Date: _____

PARTICIPANTS

Please list all participants

#	Name	Institution

PROJECT DETAIL

Please describe in sufficient detail, to the extent known at the time of disclosure, the nature, purpose, and expected product of the project. If share of Intellectual Property rights is not equal, describe the percentage distribution. Please use additional pages if required.

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Source of Support:

GRANT Agency Name Grant Title Dates of award	
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CONTRACT Agency Name Contract Title Dates of award	
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UNIVERSITY Division/Dept. Supervisor Project Title Dates of award	
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CERTIFICATION

I hereby certify that the statements contained herein are true and complete.

PROJECT MANAGER	TECHNOLOGY TRANFER OFFICIAL
SIGNATURE _____ DATE _____	SIGNATURE _____ DATE _____
NAME	NAME
TITLE	TITLE
PHONE	PHONE
E-MAIL	E-MAIL

Submit signed and completed hardcopy form along with any supporting documentation to:
Office of Academic Research, AD-177, California State University, San Bernardino 92407

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