

**BALL STATE UNIVERSITY**  
**Intellectual Property Disclosure for Inventors and Authors**

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Thank you for disclosing your work to the Sponsored Programs Office (SPO) and the Ball State Innovation Corporation (BSIC). The Intellectual Property Disclosure Form is the **significant first step in an exciting process** that could lead to the broad dissemination or commercialization of works created by Ball State faculty, staff, and students.

To ensure that **adequate protections may be secured for you as the inventor/author**, this form should be submitted prior to any publication or public disclosure of your work. This document also serves as an institutional record which provides SPO and BSIC with essential information for identifying university-owned intellectual property, including inventions, discoveries, methods, and other patentable or copyrightable works.

As you are completing the form, **provide as much detailed information as possible** and cite, if applicable, university or external funds which supported the work's creation. This form should be reviewed and signed by your chair and dean (or unit supervisor), then forwarded to Stephanie Sisco in SPO. For assistance, please contact Stephanie at (765) 285-5084 or slsisco@bsu.edu.

**A. Title of Work**

**B. Nature of Work** (invention, process, patentable item, copyrighted work, etc)

Describe the contents or function of the work briefly

Month and year in which creation of work was completed (MM/YYYY)

Date and method of first public disclosure (i.e., written or oral public disclosure made or planned), if any:

**C. Please check if one or more of the following conditions apply:**

- a) within the scope of employment duties
- b) as the result of a specific assignment (e.g., released time, service on an internal or external grant)
- c) as the result of a special project funded in whole or in part by the University
- d) with use of University facilities or materials
- e) none of these conditions apply (skip to section F)

**D. Please check the source and indicate dollar amount of University costs to be recovered:**

<input type="checkbox"/> a) External Award(s)	\$	<input type="text"/>	Date Awarded	<input type="text"/>	Acct # to receive reimbursement	<input type="text"/>
	\$	<input type="text"/>	Date Awarded	<input type="text"/>	Acct # to receive reimbursement	<input type="text"/>
<input type="checkbox"/> b) Departmental Funds	\$	<input type="text"/>	Date Awarded	<input type="text"/>	Acct # to receive reimbursement	<input type="text"/>
<input type="checkbox"/> c) College Funds	\$	<input type="text"/>	Date Awarded	<input type="text"/>	Acct # to receive reimbursement	<input type="text"/>
<input type="checkbox"/> d) SPO Internal Grant	\$	<input type="text"/>	Date Awarded	<input type="text"/>	Acct # to receive reimbursement	<input type="text"/>
<input type="checkbox"/> e) Other Internal Funds	\$	<input type="text"/>	Date Awarded	<input type="text"/>	Acct # to receive reimbursement	<input type="text"/>

**E. Intellectual Property Commercialization Opportunities**

1. Problem this IP addresses:

2. Novel features:

3. Uses and markets for this IP:

4. Advantages over current competitors:

5. Marketing keywords:

6. Potential licensees / partners:

**F. Inventor/Author Information and Signatures**

**NOTE: Signatures below indicate agreement with the nature of University resources and the amount of recoverable expenditures used in the creation and/or production of the work.**

**Inventor/Author #1**

Position or Rank & Department

Immediate Supervisor

Mailing Address

Inventor/Author #1

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor/Chair

\_\_\_\_\_

Date

\_\_\_\_\_

Dean/Director

\_\_\_\_\_

Date

\_\_\_\_\_

**Inventor/Author #2**

Position or Rank & Department

Immediate Supervisor

Mailing Address

Inventor/Author #2

Date

Supervisor/Chair

Date

Dean/Director

Date

**Inventor/Author #3**

Position or Rank & Department

Immediate Supervisor

Mailing Address

Inventor/Author #3

Date

Supervisor/Chair

Date

Dean/Director

Date

**G. Comments**

**Director, Sponsored Programs Office**

Date

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**For Office Use Only:**

Date of Disclosure:

Notes:

SPO/BSIC recommendations:

Ownership:

Income distribution:

Associate Provost for Research and Dean of the Graduate School Approval:

Initials: \_\_\_\_\_

Date: \_\_\_\_\_