

REQUEST TO WAIVE PROVISION IN INTELLECTUAL PROPERTY POLICY

PI Name

PI Department

PI Email

PI Phone#

Institute Proposal #

Sponsor (include flow-thru information if applicable)

ORA's Contract Administrator for PI's Dept:

This is a request for

1. Describe the type of IP that is expected to result from the Project ("Anticipated Results"); e.g., copyrightable work, nonpatentable invention, patentable invention, computer program, software, etc.)
2. Do the Anticipated Results depend on access to and use of Proprietary Sponsor Information, including Sponsored-owned IP? Yes No
3. Please describe the technical maturity, commercial value, including potential fields of use and projected useful life of the Anticipated Results.
4. Will background IP be used in the performance of this project? If so, list IP and source(s) of funding.

Required approvals:

5. (a) Endorsement of Request/Waiver of Rights by all persons, faculty, staff and/or students, expected to participate in the Project:

I, the undersigned, certify that I have reviewed and am familiar with the University of Maryland Policy on Intellectual Property (Policy) and specifically, its provisions governing University ownership rights, rights of inventors and authors to be so acknowledged and identified and to share in the distribution of revenue the University earns from commercializing University-owned IP, and the right of the University to seek appropriate IP protection for University-owned IP. In the event the University grants this Request and I qualify as an inventor or author of University-owned IP developed in the course of the Project, I hereby waive any rights that I might otherwise have in such University-owned IP including the right to receive income, be acknowledged as a creator or inventor of the University-owned IP and/or obtain the benefits of patent or copyright protection and hereby assign to the University of Maryland all my right, title and interest in any and all IP, whether patentable or not patentable, that I conceive, develop or create under this Project and agree to execute all documents and take any other actions as the University may determine are necessary and reasonable to effect such assignment for the University to implement this request. I understand the University shall have no right to implement a decision accepting this Request unless and until all persons who qualify as inventors or creators of the subject University-owned IP have executed this Request, assigned rights they may have in such IP to the University and otherwise waived their rights to share in revenue earned from such IP under the University IP Policy. I certify that I have no obligation to any third party, governmental or private, regarding the IP that is the subject of this request which obligation conflicts with or could be construed to conflict with this request for waiver and assignment.

Name _____ Date _____
Signature _____

Name _____ Date _____
Signature _____

5. (b) Endorsement/Waiver of Department Chair/Unit Head or Director and Dean: I certify that I have reviewed and am familiar with the Policy and specifically, the provisions governing University ownership of IP created by University personnel and students, the distribution of revenue among inventors and creators of University-owned IP, their department and/or research laboratory, and the University, and the right of the University to seek protection for University-owned IP. My signature below indicates my support for this Request. I hereby waive, on behalf of the department/research laboratory or College/School, any rights it might otherwise have under the Policy had this Request never been made or never approved.

Name _____ Date _____
Signature _____

Name _____ Date _____
Signature _____

Submit this request to ORA, 3112 Lee Building.

Final decision making authority on this request lies with the Vice President of Research.

VPR/ORA USE ONLY:	Award amount: _____	* Attach entire copy of award to waiver for routing.*
AD's Review Signature _____		Date _____
OTC Review Signature _____		Date _____
Office of the Vice President for Research Final determination:	Approved _____	Not Approved _____
Signature VP for Research _____		Date _____
Date of Notice of Decision to PI _____		