Please complete and return this application to:
Office of Industrial Liaison/Technology Transfer
One Park Avenue, 6th Floor
New York, NY 10016

1. Name of Invention:

2. Full name and title(s) of all the inventors.

<table>
<thead>
<tr>
<th>Inventor</th>
<th>Department</th>
<th>e-mail</th>
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3. Describe the invention. If necessary, use additional pages. (Sketches, prints, photos, and any pertinent manuscript should be attached to this disclosure).

   (a) Background -

   (b) Description (specify its novel features) -

   (c) Purpose of invention (what problems does it solve, and how does it differ from and/or improve upon present technology) -
(d) What are the immediate or future applications of the invention?

4. Closest existing publications and/or patents relating to the invention (please attach reprints)

5. Planned or prior publication (of any kind) and/or oral presentation of the invention.

6. Potential licensees or suggested companies to be approached (If the invention has been disclosed to industry representatives, please provide details.)

7. Contribution of any organization(s) or sponsor(s) [other than NYU] to the invention in staff, money, equipment, facilities or materials. (If any grant monies were involved, please indicate the source, grant number and value of contribution.)

Source(s)/Sponsor(s):

Grant #:

Value:

8. Did you use any biological materials provided by a third party in the course or performance of this research

______ Yes ________ No

If Yes please specify and elaborate
9. Please list the **home addresses** and **citizenships** of each inventor.

**SIGNATURES:**
The inventors:          Date:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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**SIGNATURE OF DEPARTMENT CHAIRMAN IS MANDATORY**

I have read and understand the foregoing disclosure:

The Chairman of the Department:    ________________________________

Date:________________________