

# WSU VENTURES

## Technology Intake

Please provide the following information below:

Name: (last, first)

Wichita State University email:

Department:

Phone number:

How would you describe the utility of your innovation?

(Select one)

- |                                    |   |                                   |
|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Apparatus | <input type="checkbox"/> Method/Process | <input type="checkbox"/> Software |
| <input type="checkbox"/> Device    | <input type="checkbox"/> System         | <input type="checkbox"/> Tool     |

What industry/category/sector(s) does your innovation relate to?

(Select all that may apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Advanced Materials or Chemistry                      | <input type="checkbox"/> Electronics, Sensors, Communications, or Semiconductors | <input type="checkbox"/> Medical Devices      |
| <input type="checkbox"/> Additive Manufacturing                               | <input type="checkbox"/> Manufacturing or Instrumentation                        | <input type="checkbox"/> Consumer or Wearable |
| <input type="checkbox"/> Cyber, AI, Data, or Software                         | <input type="checkbox"/> Space, Defense, or Mobility                             | <input type="checkbox"/> Other:<br>_____      |
| <input type="checkbox"/> Energy, Efficiency, Environmental, or Sustainability | <input type="checkbox"/> Biotechnology or Pharmaceuticals                        |   |



**Was your technology developed through the use of Federal Grants/Funding?**

Yes  No

**If yes, please provide a) the Federal Agency, and b) the grant number (if available):**

Federal Agency:	_____
Grant Number:	_____

**Have you told anyone outside of the University about the details of your innovation?**

Yes  No  Maybe / Not sure

**Are there other people, besides yourself, that are inventors?**

Yes  No  Maybe / Not sure

**If yes/maybe, was there a Non-Disclosure Agreement (NDA) or a Confidentiality Agreement in place?**

Yes  No  Maybe / Not sure

**If yes/maybe, please select which category they belong in:**

- Internal to Wichita State (WSU faculty, staff, students)
- External to Wichita State (not employed by WSU)

WSU personnel are subject to the Wichita State University Intellectual Property Policy ([link](#))

By submitting this technology intake, I am aware and I do accept the terms of the Wichita State University Intellectual Property Policy, including, but not limited to, the Assignment of IP rights to the University for Commercialization Purposes; and entitled a share of any financial profit the University receives related to the technology disclosed in this intake form.

Name: \_\_\_\_\_

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

Once complete, please email technology intake to [ipdisclosures@wichita.edu](mailto:ipdisclosures@wichita.edu)