

To be submitted to the following address upon completion:  
 INTENT  
 Address  
 Tel:

## Cyprus University of Technology

### Request for Statement of no Significant Use of CUT Facilities or Funds and/or Waiver of CUT Ownership Rights

**A. Title:**

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1. Please select one or more items as appropriate:

Invention:     Software:     Biological or other tangible research product:

2. Date of **conception** or **initial reduction to practice** (accurate data is essential)

Date	Reference/ Comments

3. Technology Description:

A detailed description of this technology must be attached to this form.

4. List all inventors/ authors:

Name	Position	Department

*Please attach additional sheets to list all inventors/authors, if necessary.*

**B. The undersigned request(s) that CUT agrees that (choose one):**

(i) CUT claims no rights in the technology described below, as it currently exists, because the undersigned has/have developed this technology without sponsored research funds and without significant use of CUT facilities or funds administered by CUT.

(ii) CUT waives its ownership rights in the technology described below for the following reasons (please fill in):

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**C. The undersigned know(s) of no commitment to an industrial or government sponsor or to any additional person or entity that would inhibit the ability of CUT to carry out its responsibilities in accordance with CUT policies or to third parties.**

Please provide the following information:

1. Sponsorship sources (if applicable):

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2. CUT facilities/equipment that have been utilised:

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3. CUT Funds:

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4. Other Funds:

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**D. It is the understanding of the undersigned that, if this request is granted, CUT will make no claim to this technology with the exception of its right to distribute theses. In addition, the undersigned understand(s) that if this technology is reduced to practice or otherwise further developed by any of the undersigned, making significant use of CUT facilities or CUT administered funds, CUT can assert further rights, in accordance with CUT policies.**

**E. Signatures of inventors/ authors**

<b>Signature:</b>	
<b>Full name:</b>	<b>Date:</b>
Work address:	
Work telephone number:	

<b>Signature:</b>	
<b>Full name:</b>	<b>Date:</b>
Work address:	

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<b>Signature:</b>	
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<b>Full name:</b>	<b>Date:</b>
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Work address:
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Work telephone number:
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<b>Signature:</b>	
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<b>Full name:</b>	<b>Date:</b>
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Work address:
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Work telephone number:
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<b>Signature:</b>	
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<b>Full name:</b>	<b>Date:</b>
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Work address:
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Work telephone number:
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*Please attach additional sheets to keep record of the signatures of all the inventors/ authors, if necessary.*

#### **F. Request for approval has been endorsed by:**

I have reviewed this technology with the inventors/authors and I am familiar with the circumstances of its development. I have and confirm, to the best of my knowledge, the veracity of the statements made in paragraphs A and C above.

<b>Department Chairman/Research Unit Director Signature:</b>	
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<b>Full name:</b>	<b>Date:</b>
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Department/Research Unit:
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