



PATENT / UTILITY MODEL
REQUEST FORM

Document Code:	QF-IPRO-05	Revision Number:	
Effectivity:			

☐ INVENTION ☐ UTILITY MODEL DATE: _____

Applicant:		<input type="checkbox"/> BSU Employee <input type="checkbox"/> Student <input type="checkbox"/> Outside client		Address:
Name of Inventor/s:				
Title:				
Title of research:				
(For research output only, if applicable)				
Contact No:		Email Address:		Office/Institute/College/Department:
Sponsor/ Funding Agency:				
Category:				
<input type="checkbox"/> Chemical <input type="checkbox"/> Non-Chemical				

All inventors are to sign this disclosure in the space below:

Inventor(s)

_____	_____
_____	_____
_____	_____

Attach Following documents in a separate sheet

- ☐ Description (Title, Technical Field, Background, Object and Detailed Description)
- ☐ Claims
- ☐ Abstract
- ☐ Drawings (non-chemical category)
- ☐ Disclosure/ Publication of the Invention
- ☐ Other pertinent documents

Received By:

IPRO Staff