

**Memorandum of Understanding**

For Student Ownership of Intellectual Property Rights

Developed in For-Credit, Undergraduate Level Coursework ONLY

As an NDSU student, over eighteen years of age\*, I enter into this agreement freely for my participation in an undergraduate course.

**I understand that** I will maintain all ownership interests in any intellectual property (IP), including copyrights, developed by myself in the performance of an academic project that is a course requirements and that some IP may be co-owned with other students who are participating in the academic project.

**I further understand that** by virtue of my participation in this academic project, as a course requirement, NDSU needs to maintain certain rights to utilize IP developed in the completion of course requirements.

**I understand that** this Memorandum of Understanding is a binding legal agreement and I was advised that I have the right to seek independent legal advice prior to signing the agreement.

**I have reviewed** the proposed project entitled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” (hereinafter “Project”) as proposed as coursework and in exchange for such opportunity to participate in the performance of Project and other rights as set forth herein**, I HEREBY AGREE as follows:**

1. NDSU may retain the original prototype of any tangible work if retention is specifically required for accreditation purposes. NDSU’s use of any prototype is limited to educational and accreditation purposes only.

2. NDSU may retain copies of any prototype, copyrighted materials or other intellectual property for educational and accreditation purposes only.

I have read and understand the terms of this agreement and voluntarily enter into such.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

Student signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witnessed by:

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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