

University of
Lethbridge



Confidentiality & Non-Disclosure Agreement for Graduate Students School of Graduate Studies

In consideration of the opportunity to perform graduate research and use University of Lethbridge resources in my graduate studies, I hereby agree, as a participant in the:

Research project: “ _____ ”
Sponsored by _____ (“Sponsor”) at the University of Lethbridge
Between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

to maintain the Intellectual Property developed in connection therewith in confidence.

I understand that Intellectual Property includes technical information, copyrights, models, patterns, drawings, specification, prototypes, inventions, etc., that may be developed in association with or in any way directly related to the research project.

I further hereby agree to safeguard and maintain as confidential, to the best of my ability, any Confidential Information, including all Intellectual Property, that is understood at the time of disclosure to be confidential, or that may be disclosed to me during the course of the above-mentioned research project. I further agree that I shall regard information pertaining to the research project as confidential even if there is no explicit indication of such, and will obtain permission from my supervisor(s) before I disclose such information. *Important note:* the foregoing does not include research results included in a graduate student thesis. By agreement, however, the publication of student’s thesis in the U of L Institutional Repository may be delayed by a period not to exceed 12 months, as per the School of Graduate [Studies Embargo of Thesis Policy](#).

I also agree that upon the completion or termination of my graduate program, I shall be entitled to use and disclose general experiences, learning, and training acquired during said access so long as such disclosure or use does not relate to specific Confidential Information of the University or the Sponsor.

Signature of Student: _____
Printed/typed Name of Student: _____
Date: _____

Signature of Supervisor(s): _____

Printed/typed Name of Supervisor(s): _____

Copy to: Office of the Dean of the School of Graduate Studies
Office of the Vice-President, Research c/o University Industry Liaison