

2020 Student Invention Program – Letter of Intent

Student Name: _____ Date: _____ Email: _____ Ph#: _____

Name of Invention: _____

Post-Secondary Institution where you are a student: _____

Supervisor (if applicable): _____

This is being proposed by a Team of Students, or One Student (circle one)

Team Name (if applicable): _____

Identify the problem your invention solves and how it works (describe the key elements for successful operation):

(Diagrams, pictures, cross-sections, etc. are encouraged as an attachment. Please include enough information to determine how the technology development will use the 4D LABS Facilities.)

How is your invention unique and what advantages does it offer over that of the competitors?

Describe competing technologies in the field:

What area or category does it fit (e.g. medical, clean energy, IT, diagnostic, etc.):

Cost estimate to build: \$ _____ Time estimate to build: _____ wks

Cost estimate to test: \$ _____ Time to test: _____ wks

Total cost to build/test: \$ _____ Total time to build/test: _____ wks

Questions? Not sure how to estimate? Call us at 778-782-8158 for help or clarification.