



University of California, San Diego California Sea Grant College Program 9500 Gilman Drive, Dept. 0232 La Jolla, Ca 92093-0232

Grant No:	Project Leader(s):_		
Campus:	Sea Grant Project N		
Email:	Phone:	Fax:	
	PROPERTY/INVENTIONS/PATI	ENTS/ROYALTIES	
•	rant Annual or Final Progress Repo	scriptions are given on the last page of the ort questionnaire that I am also submitting	
In addition, I hav campus office.*	e filed an invention and technolo	ogy disclosure form with the appropriate	
Signed:			
Title:	Date:		
(forms) http://www.ucop.	edu/ott/faculty/forms.shtml	on, http://www.ucop.edu/ott/contacts.html; tact their grant administration office.	
·····	·····	······	
Grant Recipient Busines	ss/Department Officer's certificati	ion:	
Concurs			
Does not concur wi	th the above information.		
REMARKS:			
All program objecti	ves have been satisfactorily com	pleted including required reports.	
Signed:	Date:		
Business/Departm	nent Officer (MSO)		