

Burnett School of Biomedical Sciences College of Medicine

Student Researcher Nondisclosure Agreement

This is to confirm that I understand that working on funded projects under supervision by my adviser Dr. Soulakova has nondisclosure limitations. I understand that in order for me to use the data set or any research findings from the project in any way other than upon my adviser's request is prohibited. The research findings (including but not limited to program codes, project description, grant information, statistical analysis methods and results) are the intellectual property of my adviser and her collaborators and cannot be shared with anyone in any types of discussions or used in any types of projects, presentations, publications, etc.

Name (type):	Date:	Signature: