

# Application for Admission

## Master of Intellectual Property Management and Markets

### Application Procedure:

1. Fill in all the blank spaces on this form.
2. Send this form with a \$60 application fee to the Office of Admissions. DO NOT SEND CASH. Make check or money order payable to Chicago-Kent College of Law. The application fee is not refundable and may not be applied to tuition charge.
3. Complete and submit the other requirements described on the Application Requirements page of the IPMM website:  
[www.kentlaw.edu/academics/ipmm](http://www.kentlaw.edu/academics/ipmm).

Year of entering: August 20\_\_

### PLEASE PRINT

1.  Mr.\*  Ms.\*

Name \_\_\_\_\_  
Family Name Given Name Previous/Other Names

2. Home Address \_\_\_\_\_  
Street and Number City  
State/Province Postal Code Country Telephone (include international codes)  
E-mail Fax

3. Office Address \_\_\_\_\_  
Institution/Company  
Street and Number City  
State/Province Postal Code Country Telephone (include international codes)  
E-mail/Internet Address Fax

4. Send correspondence to:  Home  Office

5. U.S. Social Security Number\*: \_\_\_\_\_

### 6. Biographic/Demographic Information

State of legal residence: \_\_\_\_\_ Country of birth\*: \_\_\_\_\_ : City of birth: \_\_\_\_\_

Country of citizenship\*: \_\_\_\_\_ If not USA, give current visa status: \_\_\_\_\_

Sex\*:  Male  Female State of birth (U.S. only) \_\_\_\_\_ Date of birth\* (mm/dd/yy) \_\_\_\_\_

### Please identify your ethnic background:\*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Black, non-Hispanic               | <input type="checkbox"/> Hispanic                  | <input type="checkbox"/> Chicano/Mexican American |
| <input type="checkbox"/> Puerto Rican American             | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> White, Non-Hispanic      |
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Non-resident Alien        | <input type="checkbox"/> Other                    |

\*Information on sex, age, ethnic origin and citizenship status is collected for compliance reports in connection with federal regulations pursuant to the Civil Rights Act of 1964, Executive Order 11246 as amended by Executive 11375 and Title IX of the Education Amendments of 1972 and Part 86, 45 C.F.R. and is not mandatory. All information is confidential and will not be used to discriminate in admission to or participation in any of the educational programs or activities offered in the colleges of Illinois Institute of Technology.

7. Next of kin/contact person in the U.S. \_\_\_\_\_  
 Name Relationship Telephone (include international codes)

Next of kin/contact person outside the U.S. \_\_\_\_\_  
 Name Relationship Telephone (include international codes)

8. Please list in reverse chronological order all high schools, colleges, universities, graduate and/or professional schools you have attended, including all part-time or summer programs, whether or not you were a candidate for a degree.

Name of school	Location	Dates of attendance	Date of graduation	Graduate point average	Degree or hours completed	Rank in class

9. Have you ever been found guilty of, or pleaded guilty or nolo contendere to, or is any charge now pending against you concerning any offense other than a minor traffic or parking violation? (A "minor traffic violation" is a violation for which only a citation was issued, e.g. speeding. You must report any other traffic offense, including any offense in which acting under the influence of a drug or alcohol was an element of the offense.)  Yes  No If yes, give details on separate sheet.

10. Have you ever been dropped, suspended, placed on academic or social probation or warning, or otherwise disciplined by any college or university for any reason?  Yes  No If yes, give details on separate sheet.

11. Have you ever been suspended, placed on probation or warning, or otherwise disciplined by any professional organization or state agency charged with reviewing professional conduct or are any of the previously mentioned matters pending?  Yes  No If yes, give details on separate sheet.

12. References (persons who might be contacted by the school). Please furnish the names, addresses, and phone numbers of the two individuals from whom you have requested recommendations.

Name Position Address Telephone Number

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13. a. Employment record. Begin with current position (if now employed) and list prior employment in reverse chronological order. Include all periods of military service.

From	To	Employer Name	Location	Position	Reason for Leaving

b. Describe your responsibilities in your current position

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14. Publications (description and/or citations)

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15. Professional activities.

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16. Have you taken the LSAT?  Yes  No

If yes, please indicate date and score. Date: \_\_\_\_\_ LSAT score: \_\_\_\_\_

Have you taken the GMAT?  Yes  No

If yes, please indicate date and score: Date: \_\_\_\_\_ GMAT score: \_\_\_\_\_

Have you taken the GRE?  Yes  No

If yes, please indicate date and score: Date: \_\_\_\_\_ GRE score: \_\_\_\_\_

17. Has any member of your family attended IIT?  Yes  No Chicago-Kent College of Law?  Yes  No

18. A. I certify to the best of my knowledge that all statements submitted by me are correct, complete, and my own, and that I will notify IIT of any changes in the information contained herein arising prior to my matriculation (whether or not the Committee has already acted on my application).

B. I understand that failure to supply accurate, complete, and updated information may result in withdrawal of any offer of admission or cancellation of registration. I understand that this application and all other records gathered for my admission file are confidential and will be handled in accordance with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment).

C. If this application for admission is approved, I agree to comply with all rules and regulations of IIT as published in the Student Handbook.

D. If admitted to IIT, I hereby authorize the Director of Student Health at Illinois Institute of Technology, or any physician approved by the director, to examine me and treat me in cases of emergency when the Medical Department or the dean has been unable to get in touch with my parents, guardian, or spouse. (A student who for religious reasons does not wish to sign this statement should write to the Office of Admissions. Some churches have forms which may be used by students requesting exemption from medical provisions.

Applicant's Signature

Date

# Letter of Recommendation for IPMM Program

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**Part I: To Be Completed by the Applicant**

Please complete two copies of this form and give one copy to each of the two individuals listed as your references. Letters are required from two persons who are well-acquainted with your academic background and potential for graduate study. Certificates of completion of academic programs or form letters of introduction are not acceptable.

Year of entering: August 20\_\_

**PLEASE PRINT**

A. Name \_\_\_\_\_  
Surname First Name Previous/Other

U.S. Social Security Number \_\_\_\_\_

B. Please describe the capacity in which you know the person from whom you are asking a recommendation.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. If you have taken courses from the recommender, please list the following:

School	Course title	Year taken	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicants are advised that upon their admission to IIT, the Family Educational Rights and Privacy Act of 1974 accords them the right to review these recommendations unless that right is waived. While applicants are not required to make such a waiver, they are further advised that some individuals may not be willing to supply an appraisal in its absence.

I have requested that this recommendation form be completed by for use in the admission process in accordance with the Family Educational Rights and Privacy Act of 1974.

I hereby (check one):

- waive access to this report, which should be considered confidential.
- do not waive access to this report.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**Part II: To be Completed by the Recommender**

The person whose name appears in Part I of this form has applied for admission to the Intellectual Property Management and Markets Graduate Program, Illinois Institute of Technology. The Admissions Committee would appreciate your candid appraisal of the applicant's abilities. Please include information about the length of time you have known the applicant and in what capacity, (student, employee, etc.) and any specific information relative to the applicant's qualifications for success in completing an advanced degree.

**Please check:**

- 1. I do not know the applicant well enough to give a recommendation.
- 2. I prefer to write a separate letter of recommendation which is attached.
- 3. In your opinion, does the applicant's academic record accurately reflect his/her scholastic ability?  
 Yes     No     Don't Know

If your answer is "no" please briefly explain the reason for your answer.

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4. What is your assessment of the applicant with respect to the following qualities? Please check the appropriate boxes below.

	Exceptionally Good	Good; No Major Weaknesses	Fair	Poor	Not Known
Academic potential					
Intellectual independence					
Capacity for analytical thinking					
Ability to work with others					
Ability to express ideas orally					
Ability to express ideas in writing					
Professional promise					

5. Please supply any other information or opinions not otherwise expressed elsewhere on this recommendation form. Please use a separate page if necessary.

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6. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print or type): \_\_\_\_\_ Title: \_\_\_\_\_

Institution or Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

7. Thank you for completing this evaluation. Please return this form directly to:

**Office of Admissions**  
**565 West Adams Street, Suite 230**  
**Chicago, Illinois 60661-3691**  
**312.906.5020**