

EMPLOYMENT/PROFESSIONAL RECORD

14. a. Begin with current position (if now employed) and list prior employment in reverse chronological order. Include all periods of military service. *(Use a separate sheet, if necessary, or submit a resume.)*

Occupation, title or work performed	Dates of employment	Name of firm or employer	Address of firm or employer

- b. Describe your responsibilities in your current position:

15. Professional activities: _____

16. Publications (description and/or citations):

TOEFL

17. The Test of English as a Foreign Language (TOEFL) is required of all applicants for whom English is not their native language or who did not receive their legal education at an institution which uses English as the primary language of instruction. Applicants should arrange to have official TOEFL score reports submitted to the Office of Graduate Admissions.

Questions about a waiver of the TOEFL requirement should be directed to the Office of Graduate Admissions.

If applicable, when did you or when do you plan to take the TOEFL?

Date _____ TOEFL score _____

FAMILY HISTORY

18. Has any member of your family attended Chicago-Kent? Yes No
 Illinois Institute of Technology? Yes No

If yes, please list name, year of graduation and your relationship to this person.

 Name Year of Graduation Relationship

PERSONAL STATEMENT

Please submit a personal statement of 1-2 pages in length, double spaced, stating why you hope to pursue an LL.M. in Taxation. Please list any professional goals you feel are relevant.

CERTIFICATION

- I. I certify, to the best of my knowledge, that all statements submitted are correct, complete, and my own work, and that I will notify Chicago-Kent of any changes in the information contained herein arising prior to my matriculation to the law school (whether or not the Committee has already acted on my application).

I understand that failure to supply accurate, complete, and updated information may result in withdrawal of any offer of admission or cancellation of registration, and may be a violation of the Chicago-Kent College of Law Code of Conduct. 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).

- II. If this application for admission is approved, I agree to comply with all rules and regulations of the law school as published in the Student Handbook. I also acknowledge that I will comply with the Chicago-Kent College of Law Code of Conduct.

- III. 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 Director of Admissions. Some churches have forms which may be used by students requesting exemption from medical provisions.)

Applicant's Signature

Date

Letter of Recommendation Graduate Program in Taxation

Chicago-Kent College of Law Illinois Institute of Technology

Part I: To be Completed by the Applicant

Please complete the front of this form and give it to one 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.

A Applicant's Name _____
Last Name First Previous/Other

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 the College of Law, 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, 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.

Applicant's Signature _____ Date _____

Part II: To be Completed by the Recommender

The person whose name appears on the reverse side has applied for admission to the Graduate Program in Taxation at Chicago-Kent College of Law, 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.

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 Do Not Know

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

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.

6. Signature _____ Date _____
Name (please print or type) _____ Title _____
Institution or Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ E-mail _____

7. Thank you for completing this evaluation. Please return this form directly to: **Chicago-Kent College of Law
Illinois Institute of Technology**
Graduate Program in Taxation
565 West Adams Street
Chicago, Illinois 60661-3691
(312) 906-5360
(312) 906-5230 TDD