

Please identify your racial and ethnic background by checking one or more of the following boxes*:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Puerto Rican American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Chicano/Mexican American | <input type="checkbox"/> Non-Resident Alien |
| <input type="checkbox"/> Hispanic | <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 Order 11375 and Title IX of the Education Amendments of 1972 and Part 86, 45 C.F.R., and will not be used to discriminate admission to or participation in any of the educational programs or activities offered in the colleges of the Illinois Institute of Technology.

7. Contact person/Next of kin:

	()	
Name	Relationship	Telephone

8. List in reverse chronological order all colleges, universities, law schools, and other professional schools attended.

Name of School	Location	Dates of Attendance	Date of Graduation	Degree or Hours Comp.	Grade Point Average	Class Rank

9. I would like to enroll in the following course(s) for the upcoming semester:

(1) _____ ; (2) _____ ; and
 (3) _____ .

10. If this application for admission is accepted, I agree to comply with all rules and regulations of the College of Law.

I hereby swear or affirm that the information supplied by me on this application is true and correct to the best of my knowledge.

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 spouse or parents. (Someone who for religious reasons does not wish to sign this statement should write to the Office of Graduate Admissions. Some churches have forms which may be used by persons requesting exemption from medical provisions.)

Signature _____ Date _____