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.

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:*  
☐ Black, non-Hispanic  ☐ Hispanic  ☐ Chicano/Mexican American
☐ Puerto Rican American  ☐ Asian or Pacific Islander  ☐ White, Non-Hispanic
☐ Native American or Alaskan Native  ☐ Non-resident Alien  ☐ 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.  

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<th>Name</th>
<th>Relationship</th>
<th>Telephone (include international codes)</th>
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Next of kin/contact person outside the U.S.  

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone (include international codes)</th>
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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.

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<tr>
<th>Name of school</th>
<th>Location</th>
<th>Dates of attendance</th>
<th>Date of graduation</th>
<th>Graduate point average</th>
<th>Degree or hours completed</th>
<th>Rank in class</th>
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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.

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<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Telephone Number</th>
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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.

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<th>From</th>
<th>To</th>
<th>Employer Name</th>
<th>Location</th>
<th>Position</th>
<th>Reason for Leaving</th>
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b. Describe your responsibilities in your current position

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

14. Publications (description and/or citations)

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

15. Professional activities.

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

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

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:

<table>
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<tr>
<th>School</th>
<th>Course title</th>
<th>Year taken</th>
<th>Grade</th>
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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.

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

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

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