APPLICATION FOR ADMISSION TO CHICAGO-KENT COLLEGE OF LAW
Graduate Program in Taxation

APPLICATION PROCEDURE: (1) Fill in all blank spaces on this form and complete the personal statement requirement. (2) File with the Office of Graduate Admissions together with the application fee of $60. 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 against tuition charges. (3) Two letters of recommendation are required. These may be from law school professors or from lawyers with whom you have worked who can assess your capacity for advanced legal study in taxation. If possible, each applicant should provide one academic and one professional reference. (4) Submit an official law school transcript showing degree and date conferred. Until the fee, recommendations and official law school transcript are received, an applicant cannot be considered. All material submitted with or in support of an application becomes the property of the law school and is not returnable.

STUDY TO BEGIN: FALL □ PART-TIME □
SPRING □ FULL-TIME □

PLEASE PRINT OR TYPE ALL ENTRIES

APPLICANT INFORMATION

1. Name ______________________________________________________________________________________
   □ Mr.* □ Ms.* Last Name First Previous/Other Last Names

2. Home address ______________________________________________________________________________________
   Street and Number City
   ( ) State Zip Code Telephone

3. Office address ______________________________________________________________________________________
   Institution or Company
   Street and Number City
   ( ) State Zip Code Telephone
   ( ) E-mail/Internet Address Fax

4. Send communications to □ Home □ Office

5. Social security number* ___ ___ ___ - ___ ___ - ___ ___ ___ ___

6. Biographic/Demographic Information

   State of legal residence* ________________________________ Country of birth* ________________________________
   Country of citizenship* ________________________________ If not U.S.A., give visa status* ________________________________
   Gender* □ Male □ Female State of birth (US only) ________________________________
   Date of birth* ________________________________ Do you consider English to be your best language?* □ Yes □ No

Please identify your racial and ethnic background by checking one or more of the following boxes*:
□ American Indian or Alaskan Native □ Chicano/Mexican American □ Native Hawaiian or other Pacific Islander
□ Asian □ Hispanic □ White/Caucasian
□ Black/African American □ Puerto Rican American □ Other: ________________________________
7. Next of kin/contact person _______________________________________________________________________________

Name __________________________ Relationship __________________________ Telephone ________

PERSONAL HISTORY

8. Please list all states in which you have been admitted to practice law, year of admission and current status (in good standing/not in good standing).

____________________________________________________________________________________________________

____________________________________________________________________________________________________

9. Have you ever been dismissed, placed on academic probation, suspended or subject to other disciplinary action by any school, college, university, law school, professional organization or state agency charged with reviewing professional conduct?

☐ Yes    ☐ No    If yes, give details on separate sheet.

10. Have you ever been convicted of a crime (other than a minor traffic violation) or been convicted in a court-martial proceeding, or is any such charge now pending against you?    ☐ Yes    ☐ No    If yes, give details on separate sheet.

EDUCATION

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

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Location</th>
<th>Dates of attendance</th>
<th>Degree and date of graduation</th>
<th>Hours comp.</th>
<th>Grade point average</th>
<th>Rank in class</th>
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An applicant must submit official final transcripts from all law schools attended to the Graduate Program in Taxation office.

12. Law school activities:

Law Review __________________________________________________________

Moot Court __________________________________________________________

Other school activities ______________________________________________

Prizes and honors __________________________________________________

REFERENCES

13. Please furnish the names, addresses and phone numbers of the two individuals from whom you have requested recommendations. (These people may be contacted by the law school.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Telephone Number</th>
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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 ___________________________

   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 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.

<table>
<thead>
<tr>
<th></th>
<th>Exceptionally good</th>
<th>Good, no major weaknesses</th>
<th>Fair</th>
<th>Poor</th>
<th>Not known</th>
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<tr>
<td>Academic potential</td>
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<tr>
<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>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_______________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
Letter of Recommendation
Graduate Program in Taxation

Chicago-Kent College of Law
Illinois Institute of Technology

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A. Applicant's Name ____________________________________________________________________________________
   Last Name ___________________________ First ___________________________ Previous/Other ___________________________
   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 ___________________________
   ______________________________________________________________________________________________________
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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_______________ 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
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.)

<table>
<thead>
<tr>
<th>Occupation, title or work performed</th>
<th>Dates of employment</th>
<th>Name of firm or employer</th>
<th>Address of firm or employer</th>
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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 ___________________________

* 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 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.