### Office of International Law and Policy Chicago-Kent College of Law

565 West Adams Street Chicago, Illinois 60661-3691 Tel: (312) 906-5134 Fax: (312) 906-5355 Email: intĺlm@kentlaw.edu

#### APPLICATION FOR ADMISSION

### LL.M. Programs in International and Comparative Law, International Intellectual Property Law and **Financial Services Law**

**Application Procedure:** 

Fill in all the blank spaces on this form.

Send this form with a \$75 application fee to the Office of International Law and Policy. DO NOT SEND CASH. Make check or money 2.

order payable to Chicago-Kent College of Law. The application fee is <u>not</u> refundable and may not be applied to tuition charge. Two letters of recommendation are required. These may be from law school professors or from lawyers with whom you have 3. worked who can assess your capacity for advanced legal study in your chosen field. If possible, each applicant should provide one academic and one professional reference. Until the application fee, recommendations, and official law school transcript are received, your file is not complete and your application will not be considered. All material submitted with or in support of an application becomes the property of Chicago-Kent and is not returnable.

ear of entering: August	20	January 20_	(LLM in Financial	Services Law only)	
LEASE PRINT	-				
<ol> <li>Name     Mr.* □ Ms.* □</li> </ol>	Last Name		First	····	Previous/Other Last 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	<u> </u>			
	Street and Number			<del></del>	City
	State/Province	Postal Code	Country		Telephone (include international codes)
	E-mail/Internet Add	ress			Fax
4. Send corresponde	ence to: Home	Office [			
. U.S. Social Securi	ty Number*:	<u>.</u>	<u> </u>		
6. Biographic/Demog	graphic Informatio	on			
State of legal resid	dence:	Cou	ntry of birth*:	Ci	ty of birth:
Country of citizens	ship*:		If not USA, give	current visa status:	
Sex*: ☐ Male	☐ Female	State of birth	(US only)		*****
Date of birth*		(mm/c	id/yy)		
Please identify you	ur ethnic backgro	ound:*			
☐ Black, non-Hisp ☐ Puerto Rican A	panic	☐ Hispar ☐ Asian	nic or Pacific Islander esident Alien	☐ Chicano/Mex ☐ White, Non-H☐ Other	cican American Hispanic

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	Name	Re	lationship	Tele	phone (include inte	ernational codes)
	Next of kin/contact person outside	the U.S	Re	lationship	Tele	phone (include inte	ernational codes)
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	Please list in reverse chronologica have attended, including all part-til	l order all high schoo ne or summer progr	ols, colleges, univ ams, whether or	versities, grad not you were	uate and/or p a candidate f	rofessional sc or a degree.	hools you
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11.	Have you ever been suspended, p or state agency charged with revie ☐ Yes ☐ No ☐ If yes, give details	aced on probation owing professional cost on separate sheet.	induct or are any	erwise discipl of the previo	ined by any p usly mentione	rofessional or d matters per	ganization nding?
12.	References (persons who might be the two individuals from whom you			rnish the nam	es, addresses	s, and phone i	numbers of
	Name	Position	Address			Telephone I	
13.	In what states and/or countries ha	e you been admitte	d to practice? (gi	ve year of adı	mission)		
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4.	Law school activities						
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	Other school activities						
	Prizes and Honors		· •••••				
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## Chicago-Kent College of Law

Illinois Institute of Technology

565 West Adams Street Chicago, Illinois 60661-3691 (312) 906-5134

## Letter of Recommendation for LL.M. Program

# Chicago-Kent College of Law Illinois Institute of Technology

## Part I: To Be Completed by the Applicant

Please complete the face 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. Certificates of completion of academic programs or form letters of introduction are not acceptable.

Α.	Applicant's Name				
,	(Please print)	Last Name	First Name	Previous/Other	
	U.S. Social Security Nu	umber			
B.	Please describe the ca	pacity in which you kn	ow the person from whom you a	are asking a recommendation.	
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C.	If you have taken cours	ses from the recommer	nder, please list the following:		
	School	Course	title	Year taken	Grade
	<del></del>	***************************************			
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I ha in th	ve requested that this re	ecommendation form b accordance with the F	e completed by amily Educational Rights and P	rivacy Act of 1974. I hereby (chec	for use k one):
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□d	o not waive access to th	is report.			1
Dati	2	Α.	nalicanto Cianatore		
Date	<del></del>	A	pplicant's Signature		

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

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The person whose name appears on the reverse side has applied for admission to the LL.M. Program 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.

l prefer to v	write a separate letter of re	commendat	tion which is at	tached.			
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	□ No	☐ Don't Kr					
if your ansv	wer is "no" please briefly ex	plain the re	eason for your a	answer.			
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Inte	llectual independence						
Сар	pacity for analytical thinking						+
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Signature:_					Date:		
Name (plea	ase print or type):			Title:			
Institution of	or Company:						
Address:							

565 West Adams Street Chicago, Illinois 60661-3691 312-906-5134

## Chicago-Kent College of Law

Illinois Institute of Technology

565 West Adams Street Chicago, Illinois 60661-3691 (312) 906-5134

## Letter of Recommendation for LL.M. Program

# Chicago-Kent College of Law Illinois Institute of Technology

## Part I: To Be Completed by the Applicant

Please complete the face 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. Certificates of completion of academic programs or form letters of introduction are not acceptable.

Α.	Applicant's Name				
	(Please print)	Last Name	First Name	Previous/Other	
	U.S. Social Security	Number			
В.	Please describe the	capacity in which you kn	ow the person from whom you	are asking a recommendation.	
	,				
C.	If you have taken co	urses from the recomme	nder, please list the following:		
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l ha in th	ve requested that this ne admission process	recommendation form b in accordance with the F	e completed by amily Educational Rights and P	rivacy Act of 1974. I hereby (che	for use eck one):
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d	o not waive access to	this report.			
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Dat	9	A	pplicant's Signature		

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

Please check:

The person whose name appears on the reverse side has applied for admission to the LL.M. Program 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.

I do not know the applicant well enough to give	e a recommendat	ion. 🗆			
I prefer to write a separate letter of recommen-	dation which is at	tached.			
In your opinion, does the applicant's academic	record accurately	y reflect his/h	er scholastic abili	ty?	
☐ Yes ☐ No ☐ Don't	Know				•
If your answer is "no" please briefly explain the	reason for your	answer.			
What is your assessment of the applicant with	respect to the fol	lowing qualitie	es? Please check	the appropria	te boxes be
	Exceptionally Good	Good; No Majo Weaknesses		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					
Please supply any other information or opinion use a separate page if necessary.	s not otherwise e	xpressed else	where on this re	commendation	form. Plea
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Signature:					
Name (please print or type):		Title:			
Institution or Company:					
Address:				Name and Address of the Control of t	
City:	State:		Postal C	ode:	
Telephone:					
Thank you for completing this evaluation. Pleas	se return this form		Chicago-Kent Col Office of Internat		Policy
		!	565 West Adams 5 Chicago, Illinois 6 312-906-5134	Street 0661-3691	Loney

	Occupation, title or work performed	Dates of employment	Name of firm or employer	Address of firm or employer	Name of supervisor	Phone number
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Has any member of your	family attended IIT? □ Yes □ No	Chicago-Kent? □ Yes □ No
Has any member of your	family attended IIT? ☐ Yes ☐ No Year of Graduation	Chicago-Kent? □ Yes □ No
Name  A. I certify to the best of will notify the College	Year of Graduation my knowledge that all statements submitted i	Relationship by me are correct, complete, and my own, and to tained herein arising prior to my matriculation a
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