

The University of Akron School of Law Application for Non-JD Certificate in Intellectual Property

Section I: Applicant Information	on					
Prefix: First Name:		Middle	Initial:	Last Na	ame:	
Previous Name(s):						
	Date of Birth:					
Gender:	[] Female	[] Male				
Section 2: Contact Information	n					
Email Address:	Alternate E-mail Address:					
Mobile Phone:	Otł	ner Phone:				
Current Address:				City		
State:ZIP/Postal	Code:	County (Ohio	Residents or	nly)	Country:	
Section 3: Residency and Citiz	enship Information					
City of Birth:	-		C,	ountry of Birt	n:	
Ohio Residency Status: [•		
Ohio County of Residency						
Section 4: Colleges and Univer						
1. School Name:			-		-	
Major/Program:						
Attended From:						
2. School Name:			-		•	
Major/Program:				0		
Attended From:	To:			Graduation	Date:	
Section 5: Employment and	Professional Info	rmation				
Employer Name:						
Job Title:				_Employmen	t time: [] Full-Time	[] Part-Time
Employer Address:				~ ·		
City:	State:	ZIP/Pos	tal Code: _		Country:	
Are you licensed to practic						
If so, where are you license	ed (state/provinc	e. country)?				

Section 6: Additional Required Information

Along with this application, please submit the following materials:

- 1- Resume
- 2- Personal Statement your personal statement should explain in detail your reasons for seeking admission into the Non-JD Certificate in Intellectual Property program at The University of Akron School of Law. Your personal statement should not exceed two pages in length (typed and double-spaced).
- 3- Official transcripts
- 4- Two letters of recommendation
- 5- TOEFL score (if applicable)
- 6- Standardized test scores (optional)

Section 7: Certification

I certify that to the best of my knowledge the information herein is true. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, cancellation of admission, or suspension or dismissal from the University if discovered subsequently. I acknowledge that I have a continuing duty to inform the School of Law as to any relevant information or change in circumstances that relates to any of these questions of which I became aware after the date of my signature below. In accordance with 20 U.S.C. Section 1232 (g), et. seq., of the Family Educational Rights and Privacy Act of 1973, I hereby authorize each school or college that I have attended, and the officers and faculty thereof, to make available all my educational records and personally identifiable information contained herein concerning me to the officers and faculty of The University of Akron School of Law.

Date

Signature

Please print and mail your completed application form and any accompanying documents to the following address:

Law Admissions The University of Akron School of Law Akron, OH 44325-2901

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.