

Application Form for

* Please complete in English in block letters.

1. Personal Information

1-1 Name of the Applicant *Your name must be the same as the name in your passport.	1-1(1) First Name					
	1-1(2) Middle Name					
	1-1(3) Family Name					
1-2 Gender (Male/Female)		1-3 Date of Birth	Day/Month/Year / /			1-4 Age
1-5 Nationality						
1-6 Religion						
1-7 E-mail						
1-8 Passport Number			1-9 Date of Issue	Day/ Month/ Year / /		
	Note: <u>Please attach a copy of your passport</u>		1-10 Date of Expiry	Day/ Month/ Year / /		

Please note that the admission panel will take both the applicant's willing and the admission requirements of the collaborative universities into account to decide his/her admitting university. Once admitted, it is not allowed to transfer between the collaborative universities.

Master Program in Intellectual Property Law

2. Organization Information

2-1 Name of Organization	Note: Please fill in the name of your company/organization as on your business card.		
2-2 Brief Organization Introduction			
2-3 Postal Address of Organization	Note: This is a contact address for SIPO. Please give the address where you actually work.		
2-4 Office Phone Number	+		2-5 Office Fax Number
			+
2-6 E-mail (Office)			
2-8 Year of Establishment		2-9 Number of Employees	
2-10 Type of Organization	Note: Please select Public Sector or Private Sector first. Then choose the appropriate one from the list		
	Public Sector		Private Sector
	Government Office		Law Firm
	Government Corporation		Industry Promotion Organization
	Research and Development Institution		Academic
	University		Manufacturing Company
2-11 Classification of Your Job Title	Note: Please choose your job title from the list.		
	Managing Director (1)	Manager (2)	Foreman (3)
			Group Leader (4)

	Board Member (5)	Specialist (6)	Section Chief (7)	Mechanic (8)
	Plant Manager (9)	Engineer (10)	Supervisor (11)	Consultant (12)
	General Manager (13)	Instructor (14)	Line Chief (15)	
	Others:			
2-12 Number of Subordinates				
2-13 Job Descriptions				

3. Educational Background

Institution	Period		Main Subjects	Language Used
Post-Graduate Course	From Month/Year	To Month/Year		
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University / College	From Month/Year	To Month/Year		
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>		
Technical / Vocational School	From Month/Year	To Month/Year		
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>		
High School	From Month/Year	To Month/Year		
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4. Employment Record

4-1 Name of Organization	Years of Service		Position	Job Description	
	From Month/Year	Present	Please indicate in Part 2: "2-13. Job Description"		
	From Month/Year	To Month/Year			
	From Month/Year	To Month/Year			
4-2 Years of total working experience		years	4-3 Years of total working experience relating to IP Law		years

5. Language Ability

Please indicate your language ability. (Select only one number for each language.)

English	Chinese	Ability Level
		5: Able to actively participate in debates
		4: Able to follow lectures well and participate in discussion
		3: Able to follow much of lectures
		2: Able to carry out daily conversation
		1: Do not understand

Hereby I affirm that:

1. I volunteer to apply for Master Program on Intellectual Property Launched by SIPO.
2. All information and materials given in this form are true and correct.
3. I will agree to the arrangements of my institution and specialty of study in China made by SIPO, and will not apply for any changes in these two fields without valid reasons.
4. I shall return to my home country as soon as I complete my scheduled program in china, and will not extend my stay without valid reasons.

Name of the Applicant:

Signature:

Comments of recommendation (to be filled by the nominator)

Due to the above reasons, I nominate the above candidate to the Master Program on Intellectual Property Launched by SIPO.

Nominator: Name of Organization

Name of the Nominator

Signature