Application Form for Master Program in Intellectual Property Law

1. Personal Information

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

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.

^{*} Please complete in English in block letters.

2. Organization Information

2-1 Name of	-	Note: Please fill in the name of your company/organization as on your business card.							
Organization	Bacillees cara.								
2-2 Brief Organization Introduction									
2-3		SIF	O. Please give the address where						
Postal Address of Organization	you actually work.								
2-4		-5	_						
Office Phone Number		offic Ium	e Fax						
2-6 E-mail (Office)	INUITIDO								
2-8 Year of Establishment	N		ber of loyees						
2-10 Type of	Note: Please select Public Sector or appropriate one from the list	Priv	vate Sector first. Then choose the						
Organization	Public Sector		Private Sector						
	Government Office		Law Firm						
	Government Corporation		Industry Promotion Organization						
	Research and Development Institution		Academic						
0.44	University		Manufacturing Company						
2-11	Note: Please choose your job title								

Classification of 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/Yea	To ar Mont	To Month/Year			
	/		/			
University / College	From Month/Yea	To ar Mont	To Month/Year			
	/		/			
Technical / Vocational School	From Month/Yea	To ar Mont	To Month/Year			
	/		/			
High School	From Month/Yea	To ar Mont	To Month/Year			
	/		/			

4. Employment Record

4-1 Name of Organization		Year	s of	f Se	ervice		Position	Job Desc	cription
	From Month/Year		Present		t	Please indicate in Part 2: "2-13. Job Description"			
	From Month/Year		To Month/Year		ear				
	/			/ To					
		rom onth/Ye	ear	To Month/Year		ar			
		/			/				
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 A				
Signature:				
Comments of recommendation (to	be filled by the nomir	nator)		
Due to the above reasons, I nomin Intellectual Property Launched by		ite to t	he Master Program	 on
Nominator: Name of Organization				
Name of the Nominator				
Signature				