

*Intellectual Property Law Concentration*

**INTENT TO COMPLETE CONCENTRATION**

<b>Student R #:</b>	<b>Expected Graduation Date:</b>	
<b>Name:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span><b>Last</b></span><span><b>First</b></span></div>	<b>TTU Email Address:</b>	
<b>Mailing Address:</b>	<b>Phone:</b>	
<p><b>Has any form of academic disciplinary action been taken against you, or any form of academic sanction been imposed upon you, at TTU School of Law? Yes:      No:</b></p> <p><b>If yes, please attach a brief explanation.</b></p>		
<b>Scholarly Writing Requirement</b>		
<p><b>How do you intend to complete the scholarly writing requirement?</b></p> <p><b>Independent Research Course:                      Paper Course:                      JournalArticle:</b></p> <p><b>Which semester do you intend to complete this writing requirement?</b></p>		
<b>Required Courses—Projected Schedule</b>		
<b>Course</b>	<b>Semester</b>	<b>Credits</b>
<b>Copyright Law</b>		<b>2</b>
<b>Patent Law</b>		<b>2-3</b>
<b>Trademarks and Unfair Competition</b>		<b>2-3</b>
<b>Concentration Electives (12-13 credits)—Projected Schedule (totaling at least 15 credit hours)</b>		
<b>Course</b>	<b>Semester</b>	<b>Credits</b>
<div style="display: flex; justify-content: space-between;"><span><b>Student Signature:</b></span><span><b>Date:</b></span></div>		

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### REQUIREMENTS SUMMARY

<b>Name:</b> Last First		<b>Graduation Date:</b>	
<b>Scholarly Research Paper Requirement</b>			
Title of : Indep. Research, Paper Course, or Journal Article? Faculty Supervisor: # of Words: Grade on Research Paper: Date Completed: Approved by Concentration Advisor:			
<b>Required Courses</b>			
Course	Semester	Grade	Credits
Copyright Law			2
Patent Law			2-3
Trademarks and Unfair Competition			2-3
<b>Concentration Electives (12-13 credits)—Projected Schedule (totaling at least 15 credit hours)</b>			
Course	Semester	Grade	Credits
<b>Public Event Attendance</b>			
Name of Event Attended	Date of Event	Date Reflection Was Submitted to Concentration Advisor	
Student Signature:		Date:	

Concentration Advisor Signature:	Date:
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