	ST. MICHAEL'S COLLEGE OF ILIGAN, INC	Document Code: SMCII.IPO.EF.001	
		Rev.: 0	Effectivity Date: 20.Aug.2024
Subject:		Endorsement Form	

INTELLECTUAL PROPERTY OFFICE

INSTRUCTION: Please fill out this form completely, attach the required supporting documents, and secure all necessary signatures before submitting it to the Research or IP Office for processing.

I. TYPE OF IP APPLICATION

Please check one (✓):

☐ Copyright

☐ Trademark

☐ Utility Model

II. APPLICANT INFORMATION

Name of Applicant/Creator/Inventor: _____

Department/Office/Program: _____

Institution/School/Organization: _____

Email Address: _____

Contact Number: _____


III. WORK / MARK / MODEL INFORMATION

Title of Work / Trademark / Utility Model:

Brief Description of the Work/Mark/Model:

Purpose of Application (*e.g., academic requirement, public dissemination, commercialization*):

Date of Completion / First Use / Development: _____

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IV. SUPPORTING DOCUMENTS SUBMITTED

Please check all that apply (✓):

For Copyright:

☐ Copy of the Work ☐ Affidavit of Originality

For Trademark:

☐ Specimen of the Mark/Logo ☐ Description of Goods/Services

For Utility Model:

☐ Technical Description ☐ Drawings/Diagrams
☐ Claims ☐ Abstract

General Documents:


☐ Endorsement Letter
☐ Other (Please specify): _____

V. DECLARATION OF APPLICANT

I hereby certify that all information provided in this form is true and correct. I affirm that I am the legitimate creator/owner/inventor of the submitted intellectual property and that the work/mark/model does not infringe upon existing rights of others. I consent to the processing of this application in accordance with institutional and IPOPHL guidelines.

Printed Name and Signature of Applicant

Date

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VI. ENDORSEMENT AND SIGNATORIES

The undersigned hereby confirm their review and acknowledgment of this Intellectual Property application. Their signatures indicate agreement with the details provided and approval for forwarding the application to the appropriate office.

Please affix your signature and write your full name in Capital Letters on the line provided below your signature.

Adviser / Project Mentor

Dean / Program Head

IP Officer

RMO Director / Head

Printed Name of the VP – Academics

Printed Name of the VP – Administration

School President