



# 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:

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Brief Description of the Work/Mark/Model:

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

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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