Registration Number

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| Gender:  M / F | Date of Birth: (year/ month/day)  Year month day | Have you appied for this course before? Y / N  Were you accepted?　　　　　　　　　　 Y / N |
| First Name： | | Family Name: |
| Which class would you like to attend? Please check all possible options.  ▢ 3rd year level class (Tuesday and Thursday at 7 pm)  ▢ 2nd year level class Group A (Monday and Friday at 7 pm, Intensive)  ▢ 2nd year level class Group B (Tuesday and Thursday at 5 pm, Slow Class)  ▢ 1st year level class Group A (Wednesday at 7 pm and Saturday at 4 pm, Intensive)  ▢ 1st year level class Group B (Monday and Wednesday at 5 pm, Slow Class) | | |
| Are you currently a student? ( Y / N )  If yes, which school? Major?  If no, what school did you last attend? Major? | | |
| Work place and position, if you work: | | |
| Email address that you can access everyday: | | Mobile Number: |
| Would you like to receive information on cultural events from the Embassy of Japan? ( Y / N ) | | |
| Please answer the questions below briefly:   1. What is the level of your present knowledge of Japanese language? Check one.   (None / up to 50 words and/or some letters / Other: Please describe)   1. Have you taken any Japanese course before? ( Y / N )   If yes, please explain:   1. Why are you applying for this course? **(No** more than 100 words) | | |