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 / NWere 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)
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