SIC Japanese Visit Course　Application Form

Date: Year　　　　　　Month　　　　　　Day

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name (kanji/alphabet) | | | | | | | | | 3 | Gender | | |
|  | | | | | | | | |  | | |
| 2 | Name (katakana) | | | | | | | | |
|  | | | | | | | | |
| 4 | Home Country | | | 5 | Birthdate | | | | | | | | |
|  | | | Year Month Day | | | | | | | | |
| 6 | Home Address | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 7 | TEL | | | 8 | Email | | | | | | | | |
|  | | |  | | | | | | | | |
| 9 | Foreign languages you can speak | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 10 | Day/time available to study (please circle available times on the right. One lesson is 90 min.) |  | Monday | | | Tuesday | Wednesday | Thursday | Friday | | | Saturday | Sunday |
| 9:00  ～  12:00 |  | | |  |  |  |  | | |  |  |
| 13:30  ～  16:30 |  | | |  |  |  |  | | |  |  |
| 18:00  ～  21:00 |  | | |  |  |  |  | | |  |  |
| 11 | Desired lesson location | a. at home　　b. public facility　　c. no preference | | | | | | | | | | | |
| 12 | Japanese ability | a. Cannot speak　　b. Basic greetings/vocabulary　　c. Simple conversation | | | | | | | | | | | |
| 13 | Can you read hiragana/katakana? | a. yes b. no | | | | | | | | | | | |
| 14 | Reason that you cannot attend a regular Japanese language school | a. There are no Japanese language schools near my home  b. Work vacation time does not match class times  c. There is no means of transportation to the language school  d. Other (explanation: ) | | | | | | | | | | | |

Application submission

**Shimane International Center (SIC)**　　Email: admin@sic-info.org　　FAX: 0852-31-5055

For applications by email, please use the subject line “sic-nihongo”.