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 homeb. Work vacation time does not match class timesc. There is no means of transportation to the language schoold. 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”.