SIC Japanese Visit Course Application Form

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 Select and **c**ircle (○) 1 from the above

　　　　　　　　　　　　　　　　　　Application date: Year 20　　　Month　　　Day

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name (kanji / alphabet) | 3 | Gender |
|  |  |
| 2 | Name (katakana) |
|  |
| 4 | Home Country | 5 | Birthdate |
|  | Year Month Day |
| 6 | Home Address |
|  |
| 7 | Telephone no. | 8 | E-Mail address |
|  |  |
| 9 | Foreign languages you can speak |
|  |
| 10 | Day / time available to study (please circle the available time on the right. 90 minutes per lesson.) |  | 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 except private place　　c. anywhere |
| 12 | Japanese ability | a. Cannot speak　　b. Basic greetings / vocabulary　　c. Simple conversation※Those who have high Japanese language ability, cannot join this course. |
| 13 | Can you read hiragana/katakana? | ａ．Yes　　ｂ．No |
| 14 | Reason that you cannot attend a regular Japanese language school | a. No Japanese language schools near my homeb. My day off schedule does not match the Japanese class schedulec. No means of transportation to language schoold. Others (specify: ) |

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”.