Registration Number

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| --- | --- |
| Gender: M / F | Date of Birth: (year/ month/day) Year month day |
| First Name： | Family Name: |
| Which class would you like to attend? Please check all possible options.* Level 1, Group A: Tuesdays 17:50-19:20, and Thursdays 19:30-21:00 (Entry-level course)
* Level 1, Group B: Thursdays 17:50-19:20, and Saturdays 17:40-19:10 (Entry-level course)
* Level 2: Wednesdays 19:30-21:00, and Saturdays 16:00-17:30
* Level 3: Wednesdays 17:50-19:20, and Fridays 19:30-21:00
* Level 4: Tuesdays 19:30-21:00, and Fridays 17:50-19:20
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| 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: |
| 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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| Would you like to receive information on cultural events from the Embassy of Japan? ( Y / N ) |