

受付日	担当者

I.C.NAGOYA Japanese Language

国外	
国内	

College Preparatory Course

Questionnaire

お問合せ No. _____

受付 No. _____

* Please complete the following required information ~

. About the applicant

(1) Applicant (2) The term in which you want to start studying : year _____ / mo. _____

Name :	Date of Birth : Year	Mo.	Day
Country of Citizenship :	Sex : Male / Female	Married status : Married / Single	
Address :			
Phone :	Fax :		
E-mail :	Occupation :		
Visa* :	Period of stay* : Year	Mo.	Day

*: For Japanese resident.

(3) Record of your Japanese language study, if any.

Name of school	Date Attended	Total study hours	Name of Japanese textbooks
	/ ~ /	hours	
	/ ~ /	hours	

* Japanese Language Proficiency Test Level _____ (Year _____)

(4) What will you do after completing the Japanese study? :

return to your own country to attend another school return to your own country and find a job.

enroll in another school in Japan find a job in Japan others (_____)

(5) Years of education(Elementary school ~ Final education) : _____ years

(6) Final education :

Graduate school(Doctor) Graduate school(Master) University Junior college

Advanced vocational school Senior high school Secondary school Others(_____)

(7) Graduation year and month : Year _____ Mon. _____

(8) Final school : Name of the school _____ Phone no. _____

Address _____

. Do you have a contact person in Japan? Yes • No

Name	Sex : Male/ Female	Age :
Address :		
Phone :	Fax :	
Relation to the student :	Visa(If the person is a foreigner)	

* Can this person be your Guarantor? Yes • No

