

Study Abroad Support Association

お申込者氏名	フリガナ			Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
				Marital relation	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married	
				Birthday (DD/MM/YY)		
Name	FIRSTNAME (名) / LASTNAME (姓) *パスポートと同じローマ字で記入してください。			Age		
				Nationality		
				Cellphone		
Address				TEL		
				FAX		
Passport No.		Date of issue (DD/MM/YY)		Email		
Circumstance		Date of expiry (DD/MM/YY)		VISA		
Emergency contact	Name		TEL		Relation	
	Address					
Program	School Name				term(s)	
	School starting date (DD/MM/YY)				/lessons per week	
	Type of accomodation	<input type="checkbox"/> Homestay <input type="checkbox"/> Dormitory <input type="checkbox"/> Other ⇒				
	Accomodation IN (DD/MM/YY)					
	Accomodation OUT (DD/MM/YY)					
Language Ability				Support		
<input type="checkbox"/> Level 5	ADDVANCED			WH support	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Level 4	UPPER INTERMEDIATE			Short term support	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Level 3	LOW INTERMEDIATE			Pick-Up	<input type="checkbox"/> One Way <input type="checkbox"/> Return <input type="checkbox"/> None	
<input type="checkbox"/> Level 2	ELEMENTARY			Other :		
<input type="checkbox"/> Level 1	BEGINNER					
Smoking	<input type="checkbox"/> YES <input type="checkbox"/> NO		Are you vegetarian?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Hobby						
Allergy	<input type="checkbox"/> YES <input type="checkbox"/> NO					
⇒ IF YES	Type of the allegy and the medicine.					
Do you mind children?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you mind animals?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Request :						
* ただし、ご希望はあくまでご希望であり、細かなリクエストにはお答えできない場合もございますので予めご了承ください。						
Airline ticket	<input type="checkbox"/> Indirected Flight <input type="checkbox"/> Directed Flight					
Arrival Flight		Date		Time		Airport
Departure Flight		Date		Time		Airport
Note :						

上記手配をご依頼致します。

年 月 日

申込者氏名 :

*Please let us have Total Invoice (Gross & Net) and Certificate of Enrolment.

*We need accommodation details, such as its address, (host family's age, occupation etc) and access to school.

*If you have any inquiry, please contact **OUR ADDRESS: SHOGIN BLDG. 5F, 3-1-24 CHUO, AOBA-KU, Sendai, Miyagi 980-0021**

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