Japanese Summer Intensive Course Application Form

Full Name	Country/Region:
Native Language:	Other Languages:
Gender: 🗆 Man 🗆 Woman 🗆 I	don't like to answer.
Age:	(under 18 years old), a parent/guardian signature is required. Full Name: ()
Contact details	
Address: ⊤	
Phone Number:	
Email:	 uss level through email. Please double check that it's correct.
Residence Status	
☐ Technical Intern Trainees and	
☐ Spouse or Child of Japanese N	
· ·	Name:) or Families of International Students
☐ People who come to Japan to☐ Nikkei (Japanese Descent) ar	
☐ Other	•
	•
Preferred Day	
□ Wednesday □ Saturday	
Placement Test (Select a date and ti	me)
Preferred Dates : □ August 8 □	☐ August 9 ☐ August 10
(If you are no	t available August 8-10, please let us know and we may be able
to schedule y	ou for a later date like August 20)
Preferred Times: ☐ 10-11am [□ am- 2pm
Attendance Agreement	
Will you be able to attend 70% o	r more of the classes? : \square Yes \square No
Permission to use recordings	
Do you allow the Ehime Prefectur	re International Center (EPIC) to post your photographs and
videos on EPIC website and social	media platforms? ∶ □Yes □No
Notes I) The photographs and videos activities.	s will not be used for any purpose other than to promote EPIC events and
2) There is no expiration date	for the consent.
3) Your name will not be used	for privacy reasons.
Permission to receive notifications of	n Japanese language learning
Do you allow EPIC to receive notifi	cations from EPIC on Japanese language learning
opportunities? · DVes DNo	