

## Study Abroad Support Association

お申込者氏名	フリガナ			Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
				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	<input type="checkbox"/> Other ⇒						
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 ⇒		
	Type of room			<input type="checkbox"/> Single room	<input type="checkbox"/> Twin room	<input type="checkbox"/> Triple	<input type="checkbox"/> Other ⇒	
	Type of board			<input type="checkbox"/> Half board	<input type="checkbox"/> full board	<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"/> Both Way	<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 accommdation details, such as its address, (host family's age, occupation etc) and access to school.

\*If you have any inquiry, please contact to **OUR ADDRESS: SHOGIN BLDG. 5F, 3-1-24**

**CHUO, AOBA-KU, Sendai, Miyagi 980-0021**

**TEL: 81-22-302-7741 FAX: 81-22-302-7742 E-MAIL: info@npostudyabroad.jp**