**Okayama Institute of Languages**

Application for 1st Screening

**Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | In your native language |  | Photo(4 cm high x 3 cm wide)Full face, without hat,taken within last 3 months |
| In Roman alphabet |  |
| Place of Birth |  |
| Date of Birth | \_\_\_\_\_\_(year) \_\_\_\_\_\_(month) \_\_\_\_\_\_ (day) |
| Nationality |  | Sex | Male　・　Female |
| Marital Status | Single　・　Married | Occupation |  |
| Current Company or School |  |
| Your Current Address |  |
| Parent’s Current Address |  |
| Parent’s Phone Number |  | Your Mobile Phone No. |  |
| Your EmailSkypeQQ |  |
| Passport Holder? | 　Yes　　　・　　No | Passport No. |  |
| Passport Issue Date (yy/mm/dd) |  | Passport Expiry Date |  |
| Intended Duration of Study | 20（year）(month) ～ 20　　(year) \_\_\_\_\_ (month) |
| Intended Place of Arrival in Japan |  | Intended Place of Visa Application |  |

|  |
| --- |
| **Most Recent Education** |
| School Name |  |
| Major |  |
| School Address |  |
| Telephone |  |
| Email | Form　Ⅰ |
| **Family**Application for 1st Screening |
| Name | Relation-ship | Date of Birth | Current Address and Telephone | Name of Company or School |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Person Responsible for Your School Fees (Financial Guarantor)** |
| Name | 　　 | Relation-ship |  |
| HOME | Address |  |
| Telephone (Mobile) | 　　　　　　　　　　　　　　　　／ |
| Skype/QQ |  |
| Email |  | Annual Income |  |
| OFFICE | Company Name |  | Position |  |
| Address |  |
| Telephone |  |
| Email |  |
| **Guarantor in Japan (if you have any)** |
| Name | 　　 | Relation-ship |  |
| HOME | Address |  |
| Telephone (Mobile) | 　　　　　　　　　　　　　　　　／ |
| Skype/QQ |  |
| Email |  |
| OFFICE | Company Name |  | Position |  |
| Address |  |
| Telephone |  |
| Email |  |

I hereby declare that the information above is true and correct, and that I have made no false statements.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form　Ⅰ