

Japanese Language Course Application Form - Once Weekly Course -

Please give or send/fax this form to:

IIEL Institute of International Education in London
Charlton House, Charlton Road, LONDON SE7 8RE
FAX: 020-8331-3149

Please fill in below in block letters. Thank you.

| | | | |
|---|---|----------|----------------------|
| Name | Mr. Mrs. Miss. Ms. Others | | |
| Address | Post Code | | |
| Contact Tel | Day | | |
| | Night | | |
| E-mail address | | | |
| Your language | | | |
| I want to practice (please circle) | Listening | Speaking | Reading Writing |
| Your level of Japanese (please circle) | Complete beginners / Beginner / Post-Beginner Elementary / Intermediate / Advanced | | |
| When can you start? | | | |
| Interests | | | |
| Any comments | | | |

IIEL Use Only

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|----------|--|--|--------|
| Received | | | Others |
| | | | |