

すべてローマ字もしくは数字でご記入ください。

SUMMER YOUTH EXPERIENCE 2018 PROGRAM APPLICATION

Session 1: July 12 th - July 30 th
X Session 2: August 9 th - August 27 th

PARTICIPANT DETAILS

Student Details Please enter all names exactly as they appear on your passport. (パスポート氏名と同様にご記入ください) Last/Family Name(姓)
First/Given Name(名)
Middle Name (if any)
Full name as appears on passport(パスポート氏名)
Gender (性別) M F Other
Date of Birth
Student's Personal Email (生徒メールアドレス)
Citizenship Information
Country of Birth(出生国)
Country of Citizenship(国籍)
US Citizenship Status Non-US Citizen Resident Alien US US Citizen (米国籍の有無) (非米国籍) (米国滞在許可保持者) (米国籍)
Student's Permanent Home Address(自宅住所) This is the student's permanent home country address and is required. This address MUST NOT be the address of the university/sponsor/education counselor.
Street(町名番地)
City(市/区) State/Province(都道府県)
Country (国) Postal Code(郵便番号)
Minor Participants(18歳未満の参加者) Participants under 18 years of age are required to have this application also signed by a parent or guardian.(保護者記入)
Parent name(保護者氏名)
Parent signature(保護者署名)
Date(署名日)
Telephone(電話番号)81+

SPECIAL PROGRAM CONTACT INFORMATION

All correspondance during the application process will be sent to the

•••••	Leiko Taguchi
Organization	L-Interface Co., Ltd.
Street	Sendagaya 5-18-20
City	Shibuya-ku
State/Province	ce Tokyo
Country	Japan Postal Code 151-0051
Contact's Em	nail: studyabroad@supereigo.com
Contact's Ph	one +81 3 5312 6101
APPLICAT	ΓΙΟΝ DEADLINE
Priority Dead	dline (申込期限)
Session 1	: May 1st, 2018
Session 2	: June 1st, 2018 (2018年6月1日)
* We accept	applications after the priority deadline, but we encourage
you to apply	as soon as possible to guarantee your spot!
1. Apply: Sub パスポートコ	FION PROCESS (お申し込み方法) omit your application along with a copy of passport to: ピーを添えてstudyabroad@supereigo.comにお申し込みくださ n Processing: As soon as we receive your application, we
	u about the payment process via e-mail. 寸後、ご請求書を送付しますので、お振込ください
•	nd Application Confirmation: Once we receive your uwill receive a confirmation letter.
	認後、確認書を送付いたします。
ご入金の確認	認後、確認書を送付いたします。 ATION POLICY
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ご入金の確認 CANCELL Session 1: Af Session 2: Af	ATION POLICY
ご入金の確認 CANCELL Session 1: Af Session 2: Af フル PROGRAM I have review	ATION POLICY ter June 1st, \$1,000 cancellation fee will be applied. ter July 1st, \$1,000 cancellation fee will be applied.
ご入金の確認 CANCELL Session 1: Af Session 2: Af 7が PROGRAN I have review of a place in	ATION POLICY ter June 1st, \$1,000 cancellation fee will be applied. ter July 1st, \$1,000 cancellation fee will be applied. ヨ 1 日以降のお取り消しの規定: 1000ドルのお取り消し料を申し受けまで W ACCEPTANCE yed all dates and costs of the program and accept the offer

Participant Na	me(参加者氏名	<u>'</u>)				
Participant or Guardian Signature(保護者署名)						
Date(署名日)				_(mm/dd/yy)		
	Month(月)Day (日) Year	(年)		