Collaborative Video Making Program 2021　 Application form

Date:　　　 /　　　/

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | University | |  |
| Department | |  |
| Date of Birth (MM/DD/YYYY) | / | / |  | | |
| Sex | Male　　　　　Female | | | | | Year | |  |
| E-mail |  | | | ＠ |  | | | |
| *Please fill in the address which you can be contacted anytime.* | | | | | | | |
| English ability | 1 　2 　3 　4 　5 | | | | | | TOEIC,TOEFL score etc. |  |
| *1: Low, 5:High Please circle the corresponding number.* | | | | | |
| Do you have any smart phones possible to shoot video? | | | | | | | Yes No | |
| Do you have a network environment for Zoom? | | | | | | | Yes No | |
| Have you ever shotten and edited a video? | | | | | | | Yes No | |
| If you have a chance, do you want to study abroad? | | | | | | | Yes No | |
| Reason for applying | *Describe the following issues.*  *・What motivates you to join the program ?*  *・What skills do you want to improve through the program ? etc.…* | | | | | | | |
| We request for consent to use of portrait rights, copyrights, and personal information (name, university, department, etc.) in public relations activities. | | | | | | Agree Disagree | | |

- Please submit the following documents by email to kokusaik@gifu-u.ac.jp (GU-GLOCAL)

- Deadline: 17:00 (JST), 4th Aug. (Wed), 2021