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