

# TOEFL ITP TEST / Application Form

(For Prospective Applicants to the Professional Graduate School)

To : Admissions Office / Akita International University

(FAX : 018-886-5910)

I wish to register for the TOEFL-ITP test.

Schedule of Choice * Circle the date you prefer	A : November 1 2008 (Sat) B : January 31 2009 (Sat) C : May 31 2009 (Sun)
Name of Course you wish to be enrolled * Circle one of them	● English Language Teaching Practices (英語教育実践) ● Japanese Language Teaching Practices (日本語教育実践) ● Global Communication Practices (発信力実践)
Name	
Address	〒      —
TEL / FAX	TEL : FAX :
E-mail	
Name of School where you work (* For English Teachers of junior / Senior high schools in Akita only)	

\* Use of this information will be limited to correspondence in emergency cases and delivery of scores only.

# TOEFL SEMINAR / Application Form

(For Prospective Applicants to the Professional Graduate School)

To : Admissions Office / Akita International University

(FAX : 018-886-5910)

I wish to register for the TOEFL SEMINAR.

Schedule of Choice * Circle the date you prefer	A : January 17 2009 (Sat) B : May 17 2009 (Sun)
Name of Course you wish to be enrolled * Circle one of them	● English Language Teaching Practices (英語教育実践) ● Japanese Language Teaching Practices (日本語教育実践) ● Global Communication Practices (発信力実践)
Name	
Address	〒      —
TEL / FAX	TEL : FAX :
E-mail	
Name of School where you work (* For English Teachers of junior / Senior high schools in Akita only)	

\* Use of this information will be limited to correspondence in emergency cases and delivery of scores only.