

Car Design Academy COMMUNICATION FORM

Please fill in this form. The aim of this inquiry is to set the goal and to advance smooth course.
 We recognize that protecting our student's privacy and personal information is part of our social responsibility.
 If the student can not answer a specific question, please leave it blank.

Date filled out []

| PROFILE | | QUESTION | |
|-------------------|---|---|--------------------------------------|
| Name | | 1. What are your reasons for applying this course? | |
| Age | | | |
| Your school grade | ✓If you are student, please write your school name. ✓If you are working, please write your job or company. | 2. Do you aim to become a car designer? | 3. Have you ever drawn a car sketch? |
| | | YES or NO | YES or NO |
| Phone | ✓Home ✓Mobile | 4. What kind of car designer do you want to be? | |
| | ✓Please let us know your most suitable time to do the telephone conference. <example> Please indicate Japan Time, you can check the time difference from the link below. http://www.timeanddate.com/worldclock/converter.html Week Days : Between XX Hour -YY Hour Sat, Sun, Holidays: Between XX Hour -YY Hour | 5. What kind of company do you want to work for? If there are any companies that you wish to work for, please let us know. | |
| Your objective | Please write your objective of this course freely. ✓Please write concretely, to accurately confirm whether you could accomplish. ✓Please avoid the abstract goal. Not good: sketch everyday. be a car designer. Good: draw 1000 sketches until graduation. practice everyday for 2 hours. make 3 portfolios and send it to 5 companies. | How did you find out about this course? | |
| | | Also, please feel free to write here if you have any questions or concerns. | |