

yyyy/mm/dd

Dear President of Kyushu University

Pre-Consultation Application Form for Kyushu University Entrance Examination

When applying for the Kyushu University Entrance Examination, I hereby apply for the following Pre-consultation.

Applicant	Full name			Birthday	Sex
				yyyy/mm/dd / /	Male/ Female
Residential Address		〒 —		Phone () —	
Parents	Full name			Relationship with Applicant	
Residential Address		〒 —		Phone () —	
Home School		Name of school: _____ Date of graduation or expected graduation: _____ Year _____ Month			
Desired Faculty, Etc.	Entrance examination	General Entrance Examination (First Semester)	Faculty of: _____ Studies in: _____	Department of: _____	
		General Entrance Examination (Second Semester)	Faculty of: _____ Studies in: _____	Department of: _____	
		Other ()	Faculty of: _____ Studies in: _____	Department of: _____	
Type and Degree of Disability		Please attach your medical certificate. If you have a disability certificate, please attach a copy.			
Matters to be considered when taking examination					
Daily Life Situation					

The following describes considerations and support made by the applicant's (home) High School, etc., in applying for the Kyushu University entrance examination.

Considerations were made for and at the applicant's High School <input type="checkbox"/> Yes <input type="checkbox"/> No
Considerations made at the High School, etc.

Person Responsible for Description*	Full name: _____ Signature: _____ Relationship with the candidate: _____ 〒 _____ Address: _____ Phone: (_____) _____
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* A person who is able to describe facts about the considerations, objectively, such as the school principal or a professor in charge. Parents, applicants themselves, etc. cannot be responsible for the description.