

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 () —			
Home School	Name of school: Date of graduation or expected graduation: _____Year _____ Month			
Desired Faculty, Etc.				
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 reasonable accommodation and support made by the applicant's (home) University, etc., in applying for the Kyushu University entrance examination.

Considerations were made for and at the applicant's University <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasonable Accommodation 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 reasonable accommodation, objectively, such as the school principal or a professor in charge. Parents, applicants themselves, etc. cannot be responsible for the description.