

Dear President of Kyushu University

Pre-Consultation on Reasonable Accommodation 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/ Other
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: _____ Department of: _____ Studies in: _____		
		General Entrance Examination (Second Semester)	Faculty of: _____ Department of: _____ Studies in: _____		
		Other ()	Faculty of: _____ Department of: _____ Studies in: _____		
Type of Disability		<input type="checkbox"/> Vision impairment		<input type="checkbox"/> Hearing impairment	
		<input type="checkbox"/> Physical disabilities		<input type="checkbox"/> Other physical illnesses	
		<input type="checkbox"/> Mental disorders		<input type="checkbox"/> Developmental disorders	
		<input type="checkbox"/> Other disabilities			
Diagnosis *Match with the description on the medical certificate		Please attach your medical certificate. If you have a disability certificate, please attach a copy.			

