

yyyy/mm/dd

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 ( ) —			
Home School		Name of school: Date of graduation or expected graduation: _____ Year _____ Month			
Desired Faculty, Etc.					
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. -----			
Degree of disability * Include a description of your daily living situation					

Matters to be considered when taking examination	
--------------------------------------------------	--

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.
<div style="height: 300px;"></div>

Person Responsible for Description*	Full name: _____ Signature: _____
	Relationship with the candidate: _____
	〒 _____ Address:
	Phone: (        ) _____

\* 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.