

Year

Month

Day

Head of Division of Admission,

Department of Educational Promotion, University of Tsukuba

School/ Organization

Name

Request for Consideration Related to Disability

1. Current condition
2. Necessary consideration
3. Accommodations provided in previous examinations
4. Attachment
5. Contact information

Entry Example

Year

Month

Day

Head of Division of Admission,

Department of Educational Promotion, University of Tsukuba

School/ Organization Fourth Year in College of Social Sciences,

First Cluster of Colleges,

University of Tsukuba

Name

TSUKUBA Taro

Request for Consideration Related to Disability

1. Current condition

I am a fourth year student in the faculty of ○○ at the University of ○○.

I would like to apply for the General Admission Examination (Month of ○) for the ○○ Program in ○○, Degree Programs in ○○, Graduate School of ○○ at your University. I have a disability in my ○○ and would like to request the following consideration for the examination.

2. Necessary consideration

- Use of Braille
- Exam questions printed in large letters
- Use of hearing aid, Braille, magnifier, or other aids
- Extension of exam time (1.3x / 1.5x as long)
- Seating in a special (separate) room
- Instructions given in written form
- Instructions given in sign language
- Others

3. Accommodations provided in previous examinations

Describe any accommodations you were provided with at the National Center Test and other admission examinations.

4. Attachment

A doctor's certificate and a copy of disability certificate showing the severity of your disability

5. Contact information

Your zip code, address, phone number, and email address