Month/Date/Year

Request Form for Disclosure of Admission Information

Head of University of Tsukuba

(Applicant)				
Address	postal code:	_		
Name				
Date of Birth				
E-mail				
phone number		()	

I request disclosure of Entrance Examination information.

	μL					
Name of the graduate school/degree program you have applied for	Joint Master's Program in International Development and Peace through Sport	aminee's Number				
	Month (Category)		(Contents of Disclosure		
Tsukuba Campus September Selection Process (General Selection Process) January to February Selection Process (General Selection Process)				Total Score of the Candidate Who Failed the Examination		

* Please check the box.

- (Note) 1. In principle, we will not respond to requests other than those made by the applicant himself/herself.
 - 2. The information to be disclosed will be the results of unsuccessful applicants for entrance examinations conducted in the previous year; information from other years will not be disclosed.
 - 3. This request will be accepted for the month of May 1-31.
 - 4. Requests will be accepted by postal only. Please fill out this request form and send it by mail to the Billing Office with a Reply Envelope (with a 460 yen stamp attached and your name, address, and postal code written on the front) and identification documents (a copy of your university's examination voucher or ID card). However, if you are an Overseas Resident, Please Inquire by E-mail to the Billing Office.

 [Do not fill in the following]

 年
 月
 日
 担当者
 受付番号

 開示年月日
 年
 月
 日
 本人確認

記

<u>Example</u>

Please fill in all the information enclosed in the red box.

May,1,2025

Request Form for Disclosure of Admission Information

Head of University of Tsukuba

(Applicant)					
4.1.1	postal code: <u>305</u> -8577				
Address	Corpo-Tsukuba 301, 1-1-1, Tennodai, Tsukuba, Ibaraki				
Name	Taro Tsukuba				
Date of Birth	April, 1, 2000				
E-mail	xxxxxx-zzzzz@tsukuba.jp				
phone number	070 (1234) 5678				

I request disclosure of Entrance Examination information.

記

Name of the graduate school/degree program you have applied for	Joint Master's Program in International Development and Peace through Sport		uminee's Number	11ZZ10001
	Month (Category)	Contents of Disclosure		
Month (Category) Tsukuba Campus Image: Comparison of the selection of the sel				tal Score of the Candidate no Failed the Examination

* Please check the box.

- (Note) 1. In principle, we will not respond to requests other than those made by the applicant himself/herself.
 - 2. The information to be disclosed will be the results of unsuccessful applicants for entrance examinations conducted in the previous year; information from other years will not be disclosed.
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[Do not fill in the following]

	2	年	月	日	担当者	受付番号	
開示年月日	2	年	月	日	本人確認		