

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.

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|---|---|-------------------------|--|
| Name of the graduate school/degree program you have applied for | Degree Programs in Master's Program in | Examinee's ID Number | |
|---|---|-------------------------|--|

| Month (Category) | Contents of Disclosure |
|--|--|
| Tsukuba Campus <input type="checkbox"/> July Selection Process (Special Selection Process for Recommended Applicants, General Selection Process, Special Selection Process for Working Individuals) <input type="checkbox"/> August Selection Process (General Selection Process, Special Selection Process for Working Individuals) <input type="checkbox"/> October Selection Process (General Selection Process, Special Selection Process for Working Individuals) <input type="checkbox"/> January to February Selection Process (General Selection Process, Special Selection Process for Working Individuals) Tokyo Campus <input type="checkbox"/> July to November Selection Process (Special Selection Process for Recommended Applicants, General Selection Process) , February Selection Process (General Selection Process) | <p style="text-align: center;">Total Score of the Candidate Who Failed the Examination</p> |

※ 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 | | | |

Example

Accepted by postal only

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)

| | |
|---------------|---|
| Address | postal code: 305-8577 Corpo-Tsukuba 301, 1-1-1, Tennodai, Tsukuba, Ibaraki |
| Name | Taro Tsukuba |
| Date of Birth | April, 10, 2002 |
| E-mail | xxxxxx-zzzzzz@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 | Degree Programs in Systems and Information Engineering Master's Program in Policy and Planning Sciences | Examinee's ID Number | 11ZZ10001 |
|---|--|---|-----------|
| Month (Category) | | Contents of Disclosure | |
| Tsukuba Campus <input type="checkbox"/> July Selection Process (Special Selection Process for Recommended Applicants, General Selection Process, Special Selection Process for Working Individuals) <input checked="" type="checkbox"/> August Selection Process (General Selection Process, Special Selection Process for Working Individuals) <input type="checkbox"/> October Selection Process (General Selection Process, Special Selection Process for Working Individuals) <input type="checkbox"/> January to February Selection Process (General Selection Process, Special Selection Process for Working Individuals) Tokyo Campus <input type="checkbox"/> July to November Selection Process (Special Selection Process for Recommended Applicants, General Selection Process) , February Selection Process (General Selection Process) | | Total Score of the Candidate Who Failed the Examination | |

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