

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