

Year

Month

Day

Head of Division of Educational Promotion,  
Department of Educational Promotion, University of Tsukuba

School/ Organization

Name

(Seal)

### Request for Special 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 Educational Promotion,  
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                      (Seal)

## Request for Special 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 ○○ of the Graduate School of ○○ at your University.

I have a disability in my ○○ and would like to request the following special 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 or a copy of disability certificate showing the severity of your disability

### 5. Contact information

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