yyyy/mm/dd

Dear President, Kyushu University

Pre-Consultation Application Form

for Entrance Examination of Graduate School, Kyushu University

When applying for Entrance Examination of Graduate School, Kyushu University, I hereby apply for the following Pre-consultation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant | Name |  | Date of birth | Sex |
|  | □ Male□ Female |
| Present Address |  Phone number  |
| Parents | Name |  | Relationship with Applicant |
|  |
| Present Address | Phone number  |
| Latest academic background | University Date of Degree Awarded  |
| Department you are applying for | Program |  □　Master’s Program 　／　□　Doctoral Program  |
| Department |  |
| Type and Degree of Disability | Please attach your medical certificate. If you have a disability certificate, please attach a copy. |
|  |
| [Matters](https://ejje.weblio.jp/content/Matters) [to be](https://ejje.weblio.jp/content/to%2Bbe) [considered](https://ejje.weblio.jp/content/considered) when taking examinations |  |
| [Matters](https://ejje.weblio.jp/content/Matters) [to be](https://ejje.weblio.jp/content/to%2Bbe) [considered](https://ejje.weblio.jp/content/considered) when taking classes |  |
| Daily Life Situation |  |

The following describes considerations made by your university, in applying for Entrance Examination of Graduate School, Kyushu University.

|  |
| --- |
| Details of consideration |
|  |

|  |  |
| --- | --- |
| Person Responsible for Description | Name: Signature: Relationship with the applicant: Address: Phone number :  |