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+be) [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+be) [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 : |