Month/Date/Year

Accepted by postal only

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.

記

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the graduate school/degree program you have applied for | International Joint Degree Master’s Program in Agro-Biomedical Science in Food and Health | Examinee’s ID Number |  |

|  |  |
| --- | --- |
| Month (Category) | Contents of Disclosure |
| **Tsukuba Campus** | Total Score of the Candidate Who Failed the Examination |
| July Selection Process（Special Selection Process for Recommended  Applicants、General Selection Process、Special Selection Process for Working Individuals） |
| August Selection Process（General Selection Process、Special  Selection Process for Working Individuals） |
| October Selection Process（General Selection Process、Special Selection Process for Working Individuals） |
| January to February Selection Process（General Selection Process、 Special Selection Process for Working Individuals） |
| **Tokyo Campus** |
| July to November Selection Process（Special Selection Process for  Recommended Applicants、General Selection Process）、February Selection Process（General Selection Process） |

※ Please check the box.

（Note）1. In principle, we will not respond to requests other than those made by the applicant.

* + - 1. Disclosed information will be only results for unsuccessful applicants regarding entrance examinations conducted in the previous year; information from other years will not be disclosed.
      2. This request will be accepted only during the period of May 1-31.
      3. Requests will be accepted by postal mail only.

Please fill out this request form and send it by mail to the Billing Office with a return envelope (with a 460 JPY 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, 1, 2000 |
| E-mail | [xxxxxx-zzzzzz@tsukuba.jp](mailto:xxxxxx-zzzzzz@tsukuba.jp)  070 （ 1234 ） 5678 |
| phone number |

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** |  |  | Total Score of the Candidate Who Failed the Examination | |
| □ July Selection Process（Special Selection Process for Recommended  Applicants、General Selection Process、Special Selection Process for Working Individuals） | | |
| ☑ August Selection Process（General Selection Process、Special  Selection Process for Working Individuals） | |  |
| □ October Selection Process（General Selection Process、Special  Selection Process for Working Individuals） | |  |
| □ January to February Selection Process（General Selection Process、  Special Selection Process for Working Individuals） | | |
| **Tokyo Campus** |  |  |
| □ July to November Selection Process（Special Selection Process for  Recommended Applicants、General Selection Process）、February Selection Process（General Selection Process） | |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [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 |  | | |