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| **REQUEST FOR SPECIAL NEEDS SUPPORT FORM**  **- Test of Proficiency in Korean (TOPIK)** | | | | |
| TOPIK | | \_\_\_\_ th | Test location |  |
| Test  ※ Please check (√) the applicable | | TOPIK Ⅰ ( ) | Registration Number |  |
| TOPIK Ⅱ ( ) |  |
| Full name | Korean |  | | |
| English |  | | |
| Date of birth | |  | Type and degree of disabilities  (Only list the relevant disabilities) |  |
| Contact | Candidate | (Phone) - - | | |
| Guardian | (Phone) - - | | |
| Reason for requesting support | | □ Visual Impairment □ Limb Impairment □ Brain Injury  □ Hearing Impairment □ Other | | |
| Requested Support  **※ Please check (√) the type(s) of requested support:** | | □ Extra time for the test □ Sign language interpreter  □ Increase the font-size to 118% □ Supporting equipment (Type:....)  □ Other supports (please specify) | | |
| *Please describe in detail the level of impairment, needed support (read aloud, note-taker, etc.), and level of necessity.*  *For unlisted supports (typed or hand-written), the Test Administrator may not be able to fulfill them on the test day.* | | | | |
| I hereby register to receive the above support(s).  Date Month Year  Prepared by: (Signature)  Relations with the candidate: | | | | |
| **- Note:**  ※ Application method and deadline: Candidates scan the request form and email it to [info@iigvietnam.edu.vn](mailto:info@iigvietnam.edu.vn) on the last registration day at the latest.  ※ **Certificate of Disability is required**  ※ The registrant is the candidate with disabilities, the legal representative or the guardian specified in Article 20 – Scope of guardians, Decree on Disability Welfare  ※ **Support for the candidate with disabilities can only be provided when there is application; the support provided may not exactly the same with the requested support.** | | | | |