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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 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.**  |