**Application form of Special Services for disabled applicants**

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| --- | --- | --- | --- | --- | --- | --- |
| Test Date | |  | Test Venue | |  | |
| Test  Level | | □ TOPIK I | Registration Number | |  | |
| □ TOPIK II |  | |
| Name | Korean |  | | | | |
| English |  | | | | |
| Date of Birth | |  | | Level of Disability | |  |
| Contact detail of applicant | | Cell Phone Number : | | | | |
| Contact detail of guardian | | Cell Phone Number : | | | | |
| Reason of application | | □ Visual difficulties □ Physically challenged □ Brain Disorder  □ Hearing difficulties □ Others | | | | |
| Service items  ※ You can pick more than one | | □ Extension of test time □ Sign language interpreter  □ Enlarged test paper (118%, 15point)  □ Request for a separate test room  □ Others(Please write in detail below) | | | | |
| **Indicate the level of disability and the services needed and reasons**  **(Write by hand or type)** | | | | | | |
| I thereby request for special services in TOPIK.  Year Month Date  Name : (Signature)  Relation to the applicant : | | | | | | |
| **- Notice -**  ※ How to submit the form : Attach a certification of disability(copied form) or doctor’s written diagnosis (original form) with the form above and send by post or submit in person (post office stamps are only valid until the end of the registration date) | | | | | | |