**Test Accommodation Request for Applicants with Disability**

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| Test Held | |  | Test Venue | |  | |
| Test  Level | | □ TOPIK I | Registration Number | |  | |
| □ TOPIK II |  | |
| Name | Korean |  | | | | |
| English |  | | | | |
| Date of Birth | |  | | Level of Disability | |  |
| Contact Detail | Applicant | Cell Phone : | | | | |
| Guardian | Cell Phone : | | | | |
| Reason of Request | | □ Visual difficulties □ Physical Disability □ Brain Disorder  □ Hearing Impairment □ Others | | | | |
| Accommodation(s)  ※ May select more than one | | □ Extended of Test Time □ Sign Language interpreter  □ Enlarged test paper (122%) □ Separate Test Room  □ Assistive Technology(Type: )  □ Others(Specify type and reason for accommodation below)  ※ You can only apply for convenience support according to your type of disability, so please check the guideline before making your selection. | | | | |
| - Disability type and degree, accommodation type(reader, writer, etc) and reason for request  (Can be typed or written / Must submit a copy of Korean version)  - Please note that no accommodation will be provided on the test day unless requested in advance | | | | | | |
| I hereby request for Topik test accommodation(s).  Year Month Date  Name : (Signature)  Relation to the applicant : | | | | | | |
| **- Notice -**  ※ Submission method and deadline: In-person, e-mail, registered mail (based on the arrival date) by the end of the registration  ※ Must attach an original copy of doctor’s diagnosis letter(in English) and/ or a copy of disability certificate.  ※ Accommodation type will be decided by TOPIK center which may differ from the request.  ※ In-person submission and mailing address:  ※ Only the applicant him/herself, the legal representative, the guardian eligible under「Enforcement Decree of the Act on Welfare of the Persons with Disabilities」 Article 20. (Scope of Guardians) may request accommodation(s). | | | | | | |