

**2026 Ritsumeikan University Entrance Examinations:  
Medical Certificate for Examination Accommodation Requests**

This medical certificate will be used as a reference to evaluate the applicant's request for special accommodations in the Ritsumeikan University entrance examination. Please be as specific and detailed as possible.

Name		Date of Birth	Year	Month	Date
Address					
Diagnosis Name(s)					
Current Conditions of the Applicant	<p>Please list all requested examination accommodations and provide specific reasons for each request. (If additional space is needed, please use the back of the form.)</p>				

I certify that the above diagnosis (or diagnoses) is an accurate and true reflection of the applicant's physical and mental state.

Date (YYYY/MM/DD):

Doctor's Name:

Seal/Signature :

Place of Work ( Department/Specialty ) :

Address and Telephone Number:

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(Current Conditions of the Applicant)