(y)　　　　　/(m)　　　/(d)　　　a

Request Form for Reasonable Accommodations

To the Chairperson of the Nagoya University Central Student Life Committee

I hereby submit this accommodation request form while in university.

1. Personal Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant | Graduate School / School |  | Department, Course, etc. |  | Grade |  |
| Name |  | Student No. |  |  |  |  |  |  |  |  |  |
|  |  | Date of Birth | 　(y)　　　　(m)　　　(d)　　　 |
| Address |  |
| Phone |  | e-mail | @ |
| Japanese Disability Certificate(If applicable) | Physical / Mental / Intellectual Grade Category  |
| Name of Disability(Diagnosis) |  |
| Requested Accommodations(Please refer to the "List of Disability Services", and attach additional sheet if necessary.) |  |
| courseregistration | [ ] Liberal Arts and Sciences / Graduate School Common Courses[ ] Courses in Specialized Fields / Graduate School[ ] Teacher-training programs (Check what will be registered) |
| Name of Supervisor or Academic Adviser |  |
| Application Documents(photocopies acceptable)(Check all that apply) | [ ] Disability Certificate [ ] Medical Certificate[ ] Other (please specify: )[ ] I have already submitted it. (For Renewals Only) |

Note: **Please attach your "Class Schedule", which lists all of your registered classes.** Your can print it out from your page in the NU portal.

2. Disability Information

(You may skip this part if you are RENEWING and your situation has NOT changed.)

Please check all that apply.

|  |  |
| --- | --- |
| □ | having medication (name of medicine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| □ | having side effects of medicine (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| □ | having difficulties in communication |
| □ | having difficulties in performing in front of others |
| □ | having difficulties in focusing and concentrating |
| □ | having difficulties in planning |
| □ | having difficulties in doing more than two things at the same time |
| □ | having extremely hightened anxiety and hypertension |
| Please provide an objective description of the current status of your disability (e.g., Medical Opinion, Comments from people who know you well, etc..)(Attach additional sheet if necessary). |  |
| Please describe difficulties in performing daily activities caused by your condition.(Attach additional sheet if necessary). |  |
| Other(Please specify). |  |