(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.) | |  | | | | | | | | | | | |
| course  registration | | [ ] 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.)

|  |  |
| --- | --- |
| Hearing Test Results  (no hearing devices) | Right: dB Left: dB |
| Hearing Test Results  (with hearing devices) | Right: dB  (Circle all that apply: hearing aids / cochlear implants)  Left: dB  (Circle all that apply: hearing aids / cochlear implants) |
| About Hearing Aids | Please specify type (brand, model) of hearing aids.  ( ) |

Please check all that apply.

|  |  |  |
| --- | --- | --- |
| [ ] | I use or have used an FM Hearing Aid system.  (Circle all that you own: Receiver / Transmitter) | |
| [ ] | I need a reserved seat in classrooms, etc. (please check one that apply).  [ ] Front [ ] Other (please specify | |
| [ ] | I need communication accommodations in classrooms, etc.. | |
| What means of communication do you use? Please check all that apply.  [ ] Oral Communication [ ] Sign Language ( [ ] Signed Japanese [ ] Japanese Sign language ) [ ]Speech-to text Transcription by Hand Writing [ ] Speech Reading [ ] Other (please specify *)* | | |
| Please describe conditions of your disabilities, etc..  (Attach additional sheet if necessary) | |  |
| Please describe difficulties in performing daily activities caused by your conditions  (Attach additional sheet if necessary) | |  |
| Other  (please specify)  (Attach additional sheet if necessary) | |  |