(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.)

|  |  |
| --- | --- |
| [ ] | I use a wheelchair ( [ ] Manual [ ] Motorized ). |
| [ ] | I use a cane or crutches. |
| [ ] | I have lower-limb impairment ( [ ] Both Legs [ ] Right [ ] Left ) |
| [ ] | I have upper-limb impairment ( [ ] Both Arms [ ] Right [ ] Left ) |
| [ ] | I have difficulty maintaining body position. |
| [ ] | I have difficulty walking up and down the stairs. |
| [ ] | I need multipurpose toilets. |
| [ ] | I have difficulty handling objects on a desk. |
| [ ] | I have difficulty handling books. |
| [ ] | I tire easily. |
| 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) |  |