

## Request for reasonable accommodations

Dear President, Aoyama Gakuin University

Please accept this request for reasonable accommodations.

※ Please fill in each item within the **bold** frame.

<Applicant's Information >

Date of application :        /        /

Name		Faculty/Department	
Date of Birth		Year	
Student number			
Address	〒        -		
Telephone number		Fax number	
Mobile phone number		Email address	

< Information about your disability >

1. <b>Diagnosis</b> ※Please attach a photocopy of your disability certificate. If you do not have one, please attach your medical certificate or a doctor's written opinion, etc.		
2. <b>Symptoms</b> ※Please fill in the details of your disability (disease) and any support that you have received at your previous educational institution(s) (e.g. high school, etc.)		
<b>3. Accommodations you wish to receive</b>	<b>Check</b>	<b>Details</b>
① Preferred means of communication.		
② Teaching materials (e.g. Digitization, Braille etc.)		
③ Movement on campus/facility use		
④ Hypersensitivity, allergy etc.		
⑤ Course formalities (registration etc.) and study		
⑥ Use of supporting equipment etc.		
⑦ On-campus life (e.g. meals, bathroom, etc.)		
⑧ Others		

**< Sharing information > ※Please be sure to read the following description regarding personal information.**  
**At Aoyama Gakuin University, each department of the university cooperates to support students with disabilities. Therefore, according to "Regulations on Personal Information Protection in Aoyama Gakuin School Corporation", the contents entered in this application will, if necessary, be shared among persons involved in the support of the student with disabilities.**

I agree to share my information with those involved in my support.	Check

Signature: \_\_\_\_\_

< 大学使用欄 >

SCSD stamp column	Relevant departments	Remarks

Support Center for Students with Disabilities  
Aoyama 03-3409-6348  
Sagamihara 042-759-6081