

## 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:     /     /

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

< Information about your disability >

1. Diagnosis ※Please attach a photocopy of your disability certificate. If you do not have one, please attach your medical certificate or a doctor's written order.

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2. Symptoms ※Please fill in the details of your disability (disease) and any support that you have received at your previous educational institution(s) (e.g. h

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3. Accommodations you wish to receive	Check	Details
① Preferred means of communication.	<input type="checkbox"/>	
② Teaching materials (e.g. Digitization, Braille e	<input type="checkbox"/>	
③ Movement on campus/facility use	<input type="checkbox"/>	
④ Hypersensitivity, allergy etc.	<input type="checkbox"/>	
⑤ Course formalities (registration etc.) and stud	<input type="checkbox"/>	
⑥ Use of supporting equipment etc.	<input type="checkbox"/>	
⑦ On-campus life (e.g. meals, bathroom, etc.)	<input type="checkbox"/>	
⑧ Others	<input type="checkbox"/>	

< 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.**

<b>I agree to share my information with those involved in my support.</b>	Check

Signature:

Support Center for Students with Disabilities

Aoyama 03-3409-6348  
Sagamihara 042-759-6081

SCSD stamp