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| This application form is for a reasonable accommodation at the university based on the "Elimination of Discrimination against Persons with Disabilities Act." If you have anxiety or obstacles to pursuing learning and wish to receive reasonable accommodation in classes, please fill in the section and submit it to the [Office of Disability Services]. | | | | | |
| **Application for Reasonable Accommodation in Class（New・Continuation）**  **Dear Dean of (Name of the Faculty, Graduate School, or Program)** | | | | | |
| **Date：20YY, MM, DD** | | | | | |
| **Name** |  | | **Student ID** | | |
| **Faculty**  **Additional Course** |  | | | | |
| **Contact Information** | Phone: | | **Year** | | |
| Address: | | | | |
| **In case of emergency** | Name: | |  | | |
| Phone:  E-mail: | |
| **Name of your Disability/Diagnosis** | | | **Date of Medical Certificate** | | |
| **Symptom descriptions** | | | | | |
| **Difficulty due to your disability** | Reviewing important matters | Regarding name and gender | | Physical condition, anxiety, irritability | |
| Transmitting information, instruction, and explanation | Course materials | | Assistive device and assistant | |
| Speech, presentation, and conversation | Learning, work, and exercise | | Practical skills and experiments | |
| Reading, writing, and manual work | Assignments and submissions | | Language learning | |
| Transportation and use of facilities | Seating, timely arrival, entry/exit | | Off-campus practical training | |
| Other（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | |
| **Previous reasonable accommodation** | High School 　　 Exam　 　 Entrance Exam　 　 N/A | | | | |
| **Current situation** | Regular hospital visit　　 Taking medication　　 Off campus assistant services  Health Center on campus　　 N/A | | | | |
| **Reasonable accommodation request (details)** | Please describe in detail | | | | |
| **On-campus resources** | Please☑, if you are using on-campus resources　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 Student Counseling Services　  SPACe　  Faculty member  Other（　　　　　 　） | | | | |
| * **Please read the statement and check if you agree.**   I agree toinform and share my information (name, kinds of disability, and information need for a reasonable accommodation as well as necessary support) with those involved. | | | | | I agree |
| （Precautions）   1. Persons with disabilities are defined as those who have physical, intellectual, and mental disabilities (including developmental disabilities), or other mental and physical functional disabilities (caused by intractable diseases). Hereinafter collectively referred to as "disability". Soka University defines a person with a disability as s/he has a social barriers and restrictions to participate in education and research. 2. Personal information acquired here will be used based on the University's "Personal Information Protection Handling Rules" for providing necessary accommodation and support in classes at the University. In addition, the scope of sharing personal information may be decided in consultation with the applicant as necessary. 3. The submission of an application for accommodation or other documentation does not constitute a commitment to provide the desired reasonable accommodation. 4. The support you have received so far is not recognized as a reasonable accommodation at Soka University. | | | | | |