

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 [Center for Disability Services].

Application for Reasonable Accommodation in Class (New • Continuation • Resumption)

Dear Dean of (Name of the Faculty, Graduate School, or Program)

Date : 20 , ,

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	<input type="checkbox"/> Reviewing important matters	<input type="checkbox"/> Regarding name and gender	<input type="checkbox"/> Physical condition, anxiety, irritability	
	<input type="checkbox"/> Transmitting information, instruction, and explanation	<input type="checkbox"/> Course materials	<input type="checkbox"/> Assistive device and assistant	
	<input type="checkbox"/> Speech, presentation, and conversation	<input type="checkbox"/> Learning	<input type="checkbox"/> Practical skills, experiments and Off-campus practical training	
	<input type="checkbox"/> Reading, writing, and work	<input type="checkbox"/> Assignments and submissions	<input type="checkbox"/> Language learning	
	<input type="checkbox"/> Transportation and use of facilities	<input type="checkbox"/> Seating, entry/exit	<input type="checkbox"/> Other	
Previous reasonable accommodation	<input type="checkbox"/> High School <input type="checkbox"/> Exam <input type="checkbox"/> Entrance Exam <input type="checkbox"/> N/A			
Current situation	<input type="checkbox"/> Regular hospital visit <input type="checkbox"/> Taking medication <input type="checkbox"/> Off campus assistant services <input type="checkbox"/> Health Center on campus <input type="checkbox"/> N/A			
Reasonable accommodation request (details)	Please describe in detail			
On-campus resources	Please <input checked="" type="checkbox"/> , if you are using on-campus resources <input type="checkbox"/> Student Counseling Services <input type="checkbox"/> SPACe <input type="checkbox"/> Faculty member <input type="checkbox"/> Other ()			
★ Please read the statement and check if you agree. I agree to inform and share my information (name, kinds of disability, and information need for a reasonable accommodation as well as necessary support) with those involved.				<input type="checkbox"/> 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.				