

Reasonable Accommodation Registration Form (New / Renewal)

This form is for students with disabilities who wish to request reasonable accommodation. Reasonable accommodation is provided according to the "Regulations on promoting the elimination of discrimination based on disabilities at Osaka University" **based on the Japanese government's Act for Eliminating Discrimination against Persons with Disabilities**. Please complete this form and submit it to the office of student affairs in your department. **Please fill in this form in BLOCK LETTERS in ENGLISH or JAPANESE.**

To the Dean of the School/Faculty/Graduate School of ()

Date: y m d

<small>katakana</small>		Nationality	First Language
Name			
Contact in your country	TEL: + () - email:	Student ID Number	
Contact in Japan	TEL: + 81 () - email:	Faculty/Program	Year of study
<small>katakana</small>	<small>(Relationship to student)</small>	Departme nt/Course	
Next of kin			
Emergency Contact	TEL: + 81 () - email:	Class Teacher/ Supervisor	
Name of Disability		If you have a Disability Certificate, please specify below:	
		Grade	Type
Do you have a Medical Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Summary of Symptoms; Please be detailed			
Effect(s) of Disability on Study	<input type="checkbox"/> Traveling and access to classrooms <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Notetaking <input type="checkbox"/> Speaking <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Concentration and memory <input type="checkbox"/> Organizing workload and managing times <input type="checkbox"/> PC operation <input type="checkbox"/> Using ICT <input type="checkbox"/> Using audio-visual material <input type="checkbox"/> Using specified course material <input type="checkbox"/> Exam and assessment <input type="checkbox"/> Using the library <input type="checkbox"/> Undertaking practical work (e.g. experiments) <input type="checkbox"/> Placement		
Request for Accommodation	1. Support or Accommodation you have previously received:		
	2. Accommodation you are requesting or expecting (Check <input checked="" type="checkbox"/> each applicable box): <input type="checkbox"/> Equipment <input type="checkbox"/> Support in class <input type="checkbox"/> Personal attendant <input type="checkbox"/> Learning support <input type="checkbox"/> Exam/assessment <input type="checkbox"/> Communication <input type="checkbox"/> Other support Please specify below:		
Consent to utilize personal information	Information regarding your disability and other relevant information will be released to the appropriate faculty and staff members to play a vital role in the accommodation process. <input type="checkbox"/> I agree.		

Note:

1. A "person with a disability" refers to a person with a physical disability, a person with an intellectual disability, a person with a mental disability (including developmental disabilities), and other persons with disabilities affecting functions of the body or mind (hereinafter referred to collectively as "disabilities"), and who are in a state of facing substantial limitations in their daily or social life because of that disability or social barrier.
2. The information contained in this form will only be used when necessary for support within school grounds. The information will only be used under the consent of the student.
3. Please provide photocopied evidence of your disability. It should include a written statement or letter from a doctor or appropriate qualified professional. Submission of the request and documentation is not a guarantee that your alternative arrangements will be accommodated.
4. Please be aware that the provision of accommodation in other academic institutions or any standardized test does not guarantee that the same accommodation will be entitled at Osaka University.

【Office Use Only】

部局記入欄		HACC記入欄	
支援担当者(職員)	申請書受理日	担当者	申請書(写)受取日

- 本学生への配慮については部局対応とする
 本学生への配慮については合理的配慮検討委員会にて協議する