

Application for Reasonable Accommodation

This form is for students with disabilities who wish to request reasonable accommodation to facilitate their studies at Kyoto University. Please complete the form and submit it to your faculty/department of affiliation together with documents verifying the details of your disability, such as a medical certificate, examination results, or a disability certificate. Please note that reasonable accommodation is provided in accordance with the Kyoto University Guidelines which are based on the Japanese government's Act for Eliminating Discrimination against Persons with Disabilities.

Date:

To the Dean of Faculty/Graduate School of , Kyoto University

Name in Hiragana		Faculty/Graduate School	Division/Department	Student ID Number
Name				
Date of Birth		Year of Enrollment		Gender
Current Address	〒			
E-mail	PC: Mobile:	Telephone Number	Home: Mobile:	
Emergency Contact Person (Parent, guardian, guarantor etc.)	Address: 〒			
	Phone:	Name:	(Relationship to the student:	)

Details of your disability	Visual / Hearing / Physical / Health / Developmental / Mental / Other			
	Name of the disability (or illness) that you have been diagnosed with:			
Do you use any assistive devices?				
Do you have a medical certificate?*1	Yes / No	Do you have other materials which indicate examination results regarding your disability or the degree of your disability?*2	Yes /No	*Please submit either *1, *2, or *3 together with this form.
Do you have a disability certificate?*3	Yes / No	Physical / Mental / Rehabilitation / Other ( )		Grade Type
External organization that you currently attend for treatment or support (Hospital, support organization, etc.)	Name of organization: Phone: Person in charge:			
Details of the issues which will cause difficulties in your studies				
Details of the support / reasonable accommodation required	*Please note: The purpose of this form is to confirm your needs and the degree of disability at the time of application. The details of any reasonable accommodation to be provided will not be based only on this application.			

Attached documents	<input type="checkbox"/> Copy of your student ID card <input type="checkbox"/> Materials which indicate the details of your disability ( <input type="checkbox"/> Medical certificate <input type="checkbox"/> Copy of your disability certificate <input type="checkbox"/> Other: )
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◆ Handling of Personal Information

☐ Personal information provided in this application form will be shared with the Disability Resource Center (DRC) in order to facilitate the applicant's study at Kyoto University. If it is necessary to share the applicant's personal information with faculties/departments other than the DRC in order to provide the requested reasonable accommodation, the extent to which the information will be shared shall be determined in consultation between the applicant and the relevant staff member(s) in the applicant's faculty/department of affiliation.

☐ Kyoto University may provide external organizations or groups with statistical information about the number of students with disabilities at the university and their faculties of affiliation/academic grades/types of disabilities. However, the university will not provide names or any other personally identifiable information to such parties.

◆ Points to Note

☐ The relevant staff member(s) in the educational affairs section of the applicant's faculty/department of affiliation will meet with the applicant once a year to confirm the contents of the application with them.

☐ The applicant is forbidden to use any information acquired through the reasonable accommodation or support provided for any purposes other than pursuing their studies at Kyoto University.

I confirm that I have read, understood, and agree to the items above, and I hereby apply for reasonable accommodation.

Applicant's signature: \_\_\_\_\_

Office Use Only 学部・研究科等 記入欄			Disability Resource Center Use Only	
支援責任者(教員)	支援担当者(職員)	申請書受理日	担当者	申請書(写)受取日
	(内線: )	年 月 日		年 月 日