|  |  |
| --- | --- |
| **Application Date**  (Day/Month/Year) | **/ /** |

**Application for Reasonable Accommodations**

\*Please enter text directly in each blank field

To: Chair, Committee for Students with Disabilities

I hereby request support pursuant to Article 3.1 of the Regulations on Hitotsubashi University Reasonable Accommodations for Students with Disabilities.

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| --- | --- | --- | --- |
| **Home University** | | | |
| **Name of University** |  | **Year Enrolled at Your University** |  |
| **Faculty(Undergraduate program) School(Graduate Program)** | Faculty (Undergraduate Program)  School (Graduate Program) | | |
| **Hitotsubashi University** | | | |
| **Enrollment Period** | One Semester (□April-August or　□September-March)  One Academic year (□April-March or □September-August) | | |
| **Faculty(Undergraduate program) School(Graduate Program)** | Faculty (Undergraduate Program)  School (Graduate Program) | | |
| **Personal Information** | | | |
| **Kana Reading** |  | | |
| **Name** |  | | |
| **Contact Details** | Telephone Number：  Email： | | |
| **Disability-Specific Information** | | | |
| **Diagnosis: Disability(ies) and/or Disorder(s)** | | | |
| [Attached Documentation (copy(ies) is(are) acceptable)]  Physical Disability Certificate  Medical Certificate  Psychological Test Results  Other: | | | |
|  | | | |
| **Detailed Symptoms** (attach physician’s diagnosis, etc. where appropriate) | | | |
|  | | | |
| **Issues and Difficulties Faced Due to the Disability(ies) and/or Disorder(s)**  (use a separate sheet where necessary) | | | |
|  | | | |
| **Reasonable Accommodations Provided by your University. Explain in details.** | | | |
|  | | | |
| **Accommodation requests (while studying at Hitotsubashi University)**  **Describe the Type(s) of Accommodations, as well as Situations Requiring Accommodations**  ※Make sure to cover all the needed accommodations | | | |
|  | | | |

**Student Signature: Date:**

|  |  |
| --- | --- |
| **申請日** | **年　　　　月　　　　　日** |

**合理的配慮申請書**

\*各項目に直接入力してください

障害学生支援委員会委員長　殿

下記の通り、一橋大学障害学生への支援に関する規則第3条1項に基づき合理的配慮を申請いたします。

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **所属（派遣元）大学** | | | | |
| **大学名** |  | **学年** |  | |
| **学部 大学院** | 学部  大学院 | | | |
| **一橋大学** | | | | |
| **留学期間** | 半期 　(□4月～8月 または　□9月～3月)  １年間 (□4月～3月　または □9月～8月) | | | |
| **学部 大学院** | 学部  大学院 | | | |
| 申請者 | | | | |
| **かな** |  | | | |
| **氏名** |  | | | |
| **連絡先** | 電話：  メールアドレス： | | | |
| 症状に関する情報 | | | | |
| **診断名:** | | | | |
| 障害者手帳の写し、あるいは医師の診断書や意見書、心理検査結果等を添付してください  障害者手帳  診断書/ 意見書  心理検査結果  その他（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | |
|  | | | | |
| **具体的な症状** | | | | |
|  | | | | |
| **上記症状や障害に起因する修学上の困難**  (必要なら別紙に追加記載してください) | | | | |
|  | | | | |
| **所属大学で提供されている合理的配慮（詳細を記載してください）** | | | | |
|  | | | | |
| **今回要望する配慮内容 (一橋大学での学修期間中)**  **配慮の種類と必要な状況について記載してください。** | | | | |
|  | | | | |

**署名: 　　　 　 日付: 　　　 年　　　　　月　　　　　日**