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

**Application for Reasonable Accommodations**

To: Chair of the Committee for Students with Disabilities at Hitotsubashi University

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

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| **Personal Information** | | | |
| **Name** |  | | |
| **Email** |  | | |
| **Name of**  **Home University** |  | **Year Enrolled at Your Home University** |  |
| **Faculty / School** | Faculty (Undergraduate Program)  School (Graduate Program) | | |
| **Enrollment Period** | One Semester ( April-August 　 September-March)  One Academic year ( April-March  September-August) | | |
| **Enrollment Period** | One Semester ( April-August  September-March)  One Academic year ( April-March  September-August) | | |
| **Information on Disability** | | | |
| **Diagnosis: Disability(ies) and/or Disorder(s)** | | | |
| [Attached documentation] \*copy(ies) acceptable  Physical Disability Certificate  Medical Certificate  Psychological Test Results  Other: | | | |
|  | | | |
| **Detailed Symptoms** | | | |
|  | | | |
| **Disability-Related Difficulties in Study** | | | |
|  | | | |
| **Specific Reasonable Accommodations Provided by the Home University** | | | |
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| **Details of Reasonable Accommodation to be Applied for While Studying at Hitotsubashi University.**  - Describe the Items of Reasonable Accommodation and Situations Requiring Reasonable Accommodation | | | |
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**Student Signature: Date:**

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

**合理的配慮申請書**

一橋大学 障害学生支援委員会委員長　殿

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

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| **個人情報** | | | |
| **氏名** |  | | |
| **メールアドレス** |  | | |
| **所属大学名** |  | **学年** |  |
| **留学期間** | 半年 (□４月～８月 　□9月～３月)  １年　 (□４月～3月　 □９月～8月) | | |
| **学部　/　研究科** | 学部（学部課程）　　　　　　　 研究科（大学院課程） | | |
| 障害に関する情報 | | | |
| **診断名** | | | |
| [添付書類（コピー可）]  障害者手帳　　 診断書　　 心理検査テスト結果　　 その他： | | | |
|  | | | |
| **具体的な症状** | | | |
|  | | | |
| **障害に起因する修学上の困難** | | | |
|  | | | |
| **所属大学で提供されている合理的配慮内容** | | | |
|  | | | |
| **一橋大学留学中に申請する合理的配慮内容**  **（合理的配慮の項目および必要とする状況について記述すること）** | | | |
|  | | | |

**学生署名: 　　　　　　　　　 日付:**