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| **Application Date** (D/M/Y) |  |

**Application for Reasonable Accommodations**

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

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

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| **Personal Information** | | | |
| **Name** |  | | |
| **Email** |  | | |
| **Name of University** |  | **Enrolled in** |  |
| **Student Level** | Undergraduate 　　　 Postgraduate | | |
| **Enrollment Period** | One Semester  One Academic year | | |
| **Information on Disability** | | | |
| **Diagnosis: Disability(ies) and/or Disorder(s)** | | | |
| [Attached documentation] *copies acceptable*  Physical Disability Certificate Medical Certificate  Psychological Test Results  Other: | | | |
|  | | | |
| **Detailed Symptoms** | | | |
|  | | | |
| **Disability-Related Difficulties in Academic** | | | |
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| **Specific Reasonable Accommodations from 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 in which they are required. | | | |
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**Date (D/M/Y)**:

**Student Signature**:

|  |  |
| --- | --- |
| **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** |  | **入学年** |  |
| **学業レベル** | 学部　　　　　　　 大学院 | | |
| **留学期間** | １学期間　　　　 　１年間 | | |
| 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）** | | | |
|  | | | |

**年　月　日**

**学生署名:**