**Submit to:** [**inclusiv@apu.ac.jp**](mailto:inclusiv@apu.ac.jp)

**For International Applicants**

**Admissions Support Request Form for Students with Disabilities**

**【About this Form】**

This form will be used to determine the support needed for the admissions process and **will not affect the admissions results**. If necessary, the information provided in this form may be shared with other offices within the university.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s full name |  | | | Nationality | |  | | |
| Address |  | | | Phone Number | |  | | |
| Email Address | |  | | |
| College of Study / Program of Study |  | Semester of Enrollment | □ Spring 2024  □ Fall 2024 | Date of Birth | (YYYY/MM/DD) | | Intended Date of Application | (YYYY/MM/DD) |

|  |  |  |
| --- | --- | --- |
| Level of Impairment  (circle all that apply) | Visual | 1. Learns via braille or other non-visual media 2. Moderate to severe visual impairment 3. Other impairment (not listed above) |
| Hearing | 1. Profound hearing loss of more than 100 decibels 2. Other impairment (not listed above) |
| Physical/Mobility | 1. Needs assistance to maintain seating position due to impaired trunk function 2. Upper body impairment affects ability to manipulate objects, turn pages, write, etc. 3. Lower body impairment affects ability to walk unassisted 4. Other impairment (not listed above) |
| Other impairment | *Please describe in detail.* |
| *Please describe the specifics of your disability and the support and/or accommodations you received at your most recent educational institution.* | | |
| *Please list the support and/or accommodations you would like for the admissions process.* | | |

**Signature 　　　　　　 　 　　　　　 　　　　　　　 　Date 　/ /**

　 　　　　Year 　 Month 　　　　　Day