Submit to: Undergraduate welcome@apu.ac.jp / Graduate apugrad@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		Semester of Enrollment	□ Spring 2022 □ Fall 2022	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