Request for Special Accommodation

Preliminary Consultation Form for Okayama University International Admission

Date of Application (YYYY/MM/DD): / /

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| Applicant  Name | Name | (Male / Female) | | Education | (School Location (Country):　　　　　　　)  Name of School:  Date of Graduation / Expected Graduation (YYYY/MM/DD):  Phone: ( ) -  Name of Teacher : | |
| Date of  Birth | YYYY/MM/DD | |
| Address | (Postal Code: )  Phone ( ) - | | | | |
| Program  Choice | Discovery Program for Global Learners | | | | | |
| Description of Disability |  | | | | | |
| Special accommodation required at school |  | | | | | |
| Parent / Guardian of Applicant | Name |  | Relation to Applicant | | |  |
| Address | (Postal Code: )  Phone ( ) - | | | | |
| Note | (Accommodations at home and school from which the applicant graduated) | | | | | |

\* 1. Please attach a physician's certificate.

2. If the applicant has a disability certificate, please attach a copy.