Request for Special Accommodation

Preliminary Consultation Form for Okayama University International Admission

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

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| ApplicantName | Name | (Male / Female) | Education | (School Location (Country):　　　　　　　) Name of School:Date of Graduation / Expected Graduation (YYYY/MM/DD):Phone: ( ) - Name of Teacher : |
| Date ofBirth | YYYY/MM/DD |
| Address | (Postal Code: ) Phone ( ) - |
| ProgramChoice | 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.