To: President of Tokyo University of the Arts		
	Name:	
	(Relationship to the applicant:)

Date:

Request for Special Needs Accommodations for Entrance Examination and Class Attendance

As detailed below, I hereby request special needs support in relation to my application for admission to Tokyo University of the Arts.

(Please indicate what documentation is attached by checking the applicable box(es) at the bottom of this form.)

`	5 6 11	,			
Name of Applicant			Date of Birth	Sex	
			YYYY/MM/DD		
Address					
	Phone: En	nail:			
Faculty or Graduate School of your choice					
Intended Department or Major					
Support needed during	the entrance examination				
• Description of disability or other medical conditions (including type and degree of impairment), as well as reasons for requesting support					
3 1					
Support needed while	attending the University				
Accommodations prov	rided at the previous institution				
recommodations prov	raca at the previous institution				
Supporting Documentation	□ Doctor's certificate □ Official v	erificati	on of disability status (copy)		
	☐ Notification from the National Cen	ter for I	University Entrance Examinations	(copy)	
	□ Other:				