

Doctor's Certificate

The Request for Special Needs Accommodations submitted by the applicant in relation to his/her application for admission to Tokyo University of the Arts will be considered based on the information provided below.

Please complete this form as thoroughly as possible.

Applicant's Name		Date of Birth	YYYY/MM/DD	Sex
Address				
Type	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Physical impairment <input type="checkbox"/> Developmental or psychological disorder <input type="checkbox"/> Chronic disease / Other (Check where applicable)			
Diagnosis				
Present Symptoms	<p>Please provide reasons why you think this applicant requires special needs accommodations as requested by him/her.</p>			

I have examined the aforementioned applicant and provide my medical opinion as stated above.

Date:

Name of Physician: _____ Signature: _____
(Department in charge: _____)

Institution:

Address and Phone#: