受験上の配慮

事 前 相 談 申 込 書

Preliminary Consultation Application Form for Reasonable Accommodation

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| --- | --- |
| 記入日　Date | 　　年　　月　　日（year/month/day） |
| ふりがな　Kana氏　　名　Name |  |
|  |
| 住　　所　Address | 〒 |
| 電話番号　Tel |  |
| 出身学校名Educational background |  |
| 信州大学への相談実績Experiences consulting Shinshu University | 申込書提出（　□初めて first time　、　□＿回目 \_\_-th time　） |

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| --- | --- | --- |
| 志望研究科・専攻Graduate school/Department | 分野・コース等Division or Course | 入試名　Examination Category（決まっている場合は、希望指導教員の氏名）If you have decided your preferred supervisor, write his or her name. |
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| --- | --- |
| 障害等の種類・程度Type and severity of your disability |  |
| 受験時に希望する配慮事項 Accomodations during the examination |  |
| 受験に際して配慮を希望する理由Reasons for Requesting for accommodations during the examination | （出身学校でとられていた修学上の配慮、日常生活等）Details of the accommodations that were provided at your previous school, and the impact of your disability on daily living |
|  |

【必要提出書類　Attached documents】

□「事前相談申込書」Preliminary Consultation Application Form for Reasonable Accommodation

（この様式　in this form）

□「医師の診断書」や「障害者手帳」の写し

Medical Certificate(copy) or Disability Certificate(copy) which states the type and severity of your disability

□ その他参考資料等　Other Documents

※提出書類は各自でコピーを取り大切に保管しておいてください。

Please make copies of the submitted documents and be careful not to lose them.

以下、参考情報　Reference information

● 入学後に希望する修学上の配慮事項Accommodations after enrollment

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| □なし　Unnecessary□あり　Necessary（配慮内容を記載してください。　Please describe the details of the accommodations that you need.） |

※修学上の配慮については、内容によって対応に時間を要することもありますので、合格発表後あるいは入学後、

できるだけ早く所属する研究科の学務担当に連絡してください。

Please contact academic affairs office of your Graduate School about the necessary accomodations as soon as possible after the announcement of your acceptance or your enrollment because it might need some time.