## (a) 2024 Academic Year Ritsumeikan Asia Pacific University Support Application

Applicant's Na		ame	Sex		Senior			High School Attended		
			M/F	School Na	ame			Year/Month of (Expected) Graduation		
	mail .ddress		@							
_	ostal ddress =	_								
	ellphone					Home Telepho	one			
*If you are applying under two or more different admission methods, complete rows 2-3 below as required. You may make an additional copy of this form if you run out of rows.										
	College		Venue	Date	Method					
1	College of			Month: Day:	□ Admissions by Activity Evaluation (April/September) □ Admissions for Returnee Students (April/September) □ Admissions for International Baccalaureate (IB) Diploma Students (April/September)					
	College		Venue	Date	Method					
2	College of			Month: Day:	□ Admissions by Activity Evaluation (April/September) □ Admissions for Returnee Students (April/September) □ Admissions for International Baccalaureate (IB) Diploma Students (April/September)					
	College		Venue	Date	Method					
3	College of	of  Month: Day:  Admissions by Activity Evaluation (April/September)  Admissions for Returnee Students (April/September)  Admissions for International Baccalaureate (IB) Diploma Students (April/September)								
		Cir	(1) Type of Disability Circle the applicable numbers (may be more		(2) Special Accommodations Requested for Examinations/Interviews Circle the applicable numbers (may be more than one) *Ensure that the reason for each of the accommodations requested					
Category		1.6	than one)		is stated clearly in your medical certificate					
A. Visual Impairment		edi 2. Pa str coi 0.1 3. 90 sig 4. Ot	1. Currently receiving education in Braille 2. Partial sight (sight in strong eye with corrective lenses is 0.15 or less) 3. 90% or greater loss of sight in both eyes 4. Other visual		<ol> <li>Braille question sheets</li> <li>Braille answer sheets</li> <li>Large font question sheets (14 pt)</li> <li>Large font answer sheets (14 pt)</li> <li>Large font question sheets (22 pt)</li> <li>Large font answer sheets (22 pt)</li> <li>Extension of exam time (1.3 times usual)</li> <li>Extension of exam time (1.5 times usual) (Braille only)</li> <li>Other (please specify)</li> </ol>					
		im	impairment							

B. Hearing Impairment	Hearing ability for both ears (average) is 60 decibels or higher     Other hearing impairment	1. Use of hearing aids or bionic ear  * If the hearing aid or bionic ear is fitted with functionality to receive FM radio signals or the like, the device must be used with the function switched off.  2. Use of additional paper for communication  3. Other (please specify)
C. Movement/ Nervous System Impairment	1. Unable (or difficult) to sit due to impairment of trunk function 2. Unable (or difficult) to write due to impairment of upper body function 3. Unable (or difficult) to walk due to impairment of lower body function 4. Other impairment of movement/nervous system	1. Large font answer sheets (14 pt) 2. Large font answer sheets (22 pt) 3. Extension of exam time (1.3 times usual) 4. Other (please specify)
D. Developmental Disability	Autism     Asperger Syndrome     Pervasive     developmental     disorder     Learning disability     Attention- deficit/hyperactivity disorder	1. Large font question sheets (14 pt) 2. Large font answer sheets (14 pt) 3. Large font question sheets (22 pt) 4. Large font answer sheets (22 pt) 5. Extension of exam time (1.3 times usual) 6. Use of additional paper for communication 7. Other (please specify)
E. Other Health Condition	Please specify	1. Other (please specify)
Special accommoda high school, etc.	ations received to date at	