

**Your information**

Name:

Address (in Japan):

Mobile phone number:

Your e-mail address:

Emergency contact details for your country of residence and Japan:  
(in your country of residence)

Name

e-mail

(in Japan)

Name

e-mail

障害等の種類・程度（現に治療中の方は、医師の診断書を添付してください。）

Please describe the type, level and details of your disability.

If you are currently receiving treatment, please attach a medical certificate.

・あなたが望む入学後の修学上の配慮を書いてください

Please write down any requests for support during your time at Kobe University.

・高校または所属している大学でどのような修学上の支援を受けてきましたか？

What kind of support have you received from previous schools?

→大学生活上、私たちが気をつける点を書いてください。

Please write down anything we should pay attention to during your time at Kobe University.

この書類に従って、神戸大学であなたにできる配慮を考えます。全ての配慮が認められるわけではありません。

We will do our best to provide sufficient support based on this document.

However, please note that we may not be able to fulfill all your requests.