Date (Y/M/D):

**Support Letter from the Guardian**

 **(Regarding the Application for the Academic Accommodations）**

※This support letter should be prepared by the guardian after thorough consultation with the student regarding the content.

**１．Basic Information of the Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the student |  | Name of the Guardian |  |
| Date of Birth(Y/M/D) |  | Gender(on your passport) | □Male/□Female/□Others |

**２．Details for the Academic Accommodations**

A）Diagnosis（Name of Diseases / Disabilities）

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B）Current Treatment Status/Symptoms, etc.

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|  |

C）Academic Difficulties arising from A) (when taking classes/exams).

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|  |

D）Details of the Desired **Academic** Accommodations

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

※Do not write requests for accommodations that is NOT related to academic circumstances here.

※If you need more than three fields, please add the numbers 4 and onwards by yourself (there is no problem to span multiple pages).

**３．Items to be Confirmed by the Guardians**

Please confirm the following contents and put a check in the right Box. The Application could be accepted only when ALL the boxes have been checked. In case there are any items that cannot be checked, please reconsider the student’s possibility of the study abroad.

|  |  |  |
| --- | --- | --- |
|  | Contents | ☑ |
| 1 | The student and the guardian agree that these requests for the Academic Accommodations would be judged based on standards operated by Waseda University, and that the student's request may NOT necessarily be approved. | □ |
| 2 | After carefully communicating with the student, the guardian determines that the student is in the condition to be ABLE to;Commute school / Attend classes (face-to-face) / Take assignments / Participate in group activities (including group works) while studying in Japan. \*At Waseda University, classes are basically held face-to-face. Therefore, even when the student’s requests for the Academic Accommodations were NOT accepted, the student must still meet the requirement above, since we cannot change the essence of the classes (achievement goals, evaluation standards, etc.). | □ |
| 3 | The guardian agrees to spare no effort to resolve any problems should they arise during the study abroad period. 　Ex) Visits to Japan in case of emergency | □ |
| 4 | The guardian has confirmed that the student has received permission to study abroad from his or her attending physician. | □ |
| 5 | The guardian has confirmed that the student is applicable to either of the following two;・The student does not need continued medical examination/treatment after coming to Japan.・This student will require continued medical examination/treatment after coming to Japan, but has sufficient plans and preparations ready for this. | □ |
| 6 | The guardian has confirmed that the student is applicable to either of the following two;・The student does not need to continue taking medication after coming to Japan.・The student will need to continue taking medication after coming to Japan, but has sufficient planning and preparation ready regarding how to obtain and how to take the medication (e.g. bring the medicines to Japan by him/herself). | □ |

**４．Final Confirmation by the Guardian**

In order to realize a fruitful study abroad experience for this student, we would like to ask Waseda University to accommodate the above request for the Academic Accommodation.

<Guardian Signature field>

|  |  |
| --- | --- |
| Name of Guardian |  |
| Relationship with the student |  |
| Signature（Handwritten） |  |

Fin.