

NTNU Application for Adaptive Physical Education Courses for 2st
Semester of the 114th Academic Year Form

Name :	School Identification NO :
Institution :	Class :
Gender :	Age :
Cell Phone :	Departmental :
e-mail :	
Approved Reasons and diagnosis :	
<p>Attach certificate :</p> <p><input type="checkbox"/> Diagnostic certificate</p> <p><input type="checkbox"/> Disability identification or (and) certification</p>	
<p>This semester's session time, please refer to:</p> <p><input type="checkbox"/> 13:20PM~15:10PM Wednesday (6th,7th lesson).</p>	

Date:

YYYY

MM

DD