

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 :	
<div>Attach certificate :</div> <div style="margin-top: 20px;"><input type="checkbox"/> Diagnostic certificate</div> <div style="margin-top: 20px;"><input type="checkbox"/> Disability identification or (and) certification</div>	
<div>This semester's session time, please refer to:</div> <div style="margin-top: 20px;"><input type="checkbox"/> 13:20PM~15:10PM Wednesday (6th, 7th lesson).</div>	

Date: YYYY MM DD