NTNU Application for Adaptive Physical Education Courses for the First Semester of the 115th Academic Year Form

Name：	School Identification NO：
Institution：	Class：
Gender：	Age：
Cell Phone：	Departmental：
e-mail：	
Approved Reasons and diagnosis：	
Attach certificate： ☐Diagnostic certificate ☐Disability identification or (and) certification	
This semester's session time, please refer to: ☐ 13:20PM~15:10PM Friday (6^{th},7^{th} lesson). ☐ 15:30PM~17:20PM Friday (8^{th},9^{th} lesson).	

Date: YYYY MM DD