Graduate School of Sustainable System Sciences, Osaka Metropolitan University

## **Entrance Examination for International Students Application for Admission to Master's Program**

	*		Departmer	Department of choice						
Applicant ID Number			Desired S	Desired Supervisor						
Number			Examinatio	Examination Category		Environmental Sciences or Human Sciences only. Please see P.12.				P.12.
(If possible, in Katakana above)								Paste Photograph Here A front-facing photograph of your head without a hat taken		
Name										
Preferred Name								within the past three months. Please write your name on the back of the photo.		
Date of Birth		(YYYY/MM/DD)			Sex				x 3 cm)	
					Ma	e / Female				
Nationality					Resid	ence Status	s*1 Yes	□ (	) / No	· 🗆
Address		(Postal code — )								
		Telephone No.								
E-mail address										
		University, Faculty, Department								
Applicant										
Qualifications	s	Year / Month / Day: Graduated / Scheduled to graduate								
		Student Number								
		(Complete this field only if you are already enrolled at Osaka Metropolitan University, Osaka Prefecture University or Osaka City University)								
Research Top After Admissi										
* Contact Addres for Acceptance Notification	*2	(Postal code — )								
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		Name (			)Telep	hone No.	_			
Emergency Contact	*3	Name					Relationship			
		Telephone No.								

## [Important Information]

- <sup>†</sup> Do not fill in the  $\times$  marked field.
- \*1 Please indicate whether you have status of residence by put a tick mark 🖌 next to the Yes/No option. When you have placed a mark 🖌 next to the Yes option, you must indicate your status of residence within brackets.
- \*2 You do not need to complete this line if your contact address is the same as your current address. If your current address is outside Japan, please enter an address in Japan where you wish to receive your notification of acceptance.
- \*3 Please enter a phone number etc. to contact in the case of an emergency contact in Japan.