Graduate School of Agriculture, Osaka Metropolitan University Entrance Examination for International Students

| check your starting date: |
|---------------------------|
| □ Autumn 2025 |
| ☐ Spring 2026 |

Application for Admission Doctoral Program

Attach Photo Here

(Frontal portrait with head uncovered taken within past three months)

 $(4 \text{ cm} \times 3 \text{ cm})$

| Applicant's No. (Office use only) | | | | | | |
|--|---|--|--|--------------------|--------------------|--|
| Department | | | | | | |
| Your prospective supervisor [Professor or Associate Professor] (Please refer to the list of faculty members.) | | | | | | |
| Applicant's Name | | | | | | |
| (Roman block) | | | | | | |
| Sex | | □Male | | ☐ Female | | |
| Date of birth (Yea | r / Month / Day) | | | | | |
| Place of birth | | City | | Country | | |
| Nationality | | l l | | I | | |
| Passport No. | | | | | | |
| Present address (Zip code, Tel, Fax, E-mail) | | | | | | |
| | | | | | | |
| Current mailing address (Zip code, Tel, Fax, E-mail) | | | | | | |
| | | | | | | |
| Graduated from | University, College or Institute (Faculty and Department) | | | Year / Month / Day | | |
| Bachelor | | | | | | |
| | | | | □National | l □Public □Private | |
| Majored in | | | | | | |
| Graduated from Master | University, Colle | ge or Institute (Faculty and Department) | | Year | / Month / Day | |
| | | | | | | |
| | | | | □Nationa | l □Public □Private | |
| Majored in | | | | | | |
| Emergency contact person(relationship) and address in Japan (Zip code, Tel, Fax, E-mail) | | | | | | |
| | | | | | | |