

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

Attach Photo Here

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

(4 cm × 3 cm)

Preferred Admission Date :
<input type="checkbox"/> September, October 2026
<input type="checkbox"/> April 2027

## Application for Admission to the Doctoral Program

<b>Examination No.</b> (Office use only)			
<b>Department</b>			
<b>Prospective Supervisor</b> [Professor or Associate Professor] (Please refer to the List of Faculty Members.)			
<b>Applicant's Name</b> (Roman letters)			
<b>Sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Date of Birth</b> (Year / Month / Day)			
<b>Place of Birth</b>	<b>City</b>	<b>Country</b>	
<b>Nationality</b>			
<b>Passport No.</b>			
<b>Present Address</b> (Postal Code, Tel, Fax, E-mail)			
<b>Current Mailing Address</b> (Postal Code, Tel, Fax, E-mail)			
<b>Graduated from</b>	University, College or Institute (Faculty and Department)	Year / Month / Day	
<b>Bachelor</b>			
		<input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private	
<b>Majored in</b>			
<b>Graduated from</b>	University, College or Institute (Faculty and Department)	Year / Month / Day	
<b>Master</b>			
		<input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private	
<b>Majored in</b>			
<b>Emergency Contact Person (Relationship) and Address in Japan</b> (Postal Code, Tel, Fax, E-mail)			