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| Graduate School of Agriculture, **Osaka Metropolitan University**Entrance Examination for International Students**Doctoral Program** |
| **Photo Card** |
| *Applicant’s No.* | *(Office use only)* |
| Applicant’s Name |  |
| Department |  |
| Attach Photo Here(Frontal portrait with head uncovered taken within past three months)(4 cm × 3 cm) |

（Do not separate） |