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| ***Applicant’s No. (Office use only)*** |  |
| **Department** |  |
| **Your prospective supervisor** **(Please refer to the list of faculty members.)** |  |
| **Applicant’s Name** **(Roman block)** |  |
| **Sex** | 　　　　　□**Male**　　　　　　　　　□**Female** |
| **Date of birth（**Year / Month / Day） |  |
| **Place of birth** | **City** |  | **Country** |  |
| **Nationality** |  |
| **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 |
|  |  |
| □**National** □**Public** □**Private** |
| **Majored in** |  |
| **Emergency contact person(relationship) and address in Japan** (Zip code, Tel, Fax, E-mail) |
|  |

Attach Photo Here

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

(4 cm × 3 cm)

Graduate School of Agriculture,

Osaka Metropolitan University

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

Entrance Examination for International Students

**Application for Admission**

**Master’s Program**