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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 | | |
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| □**National** □**Public** □**Private** | | |
| **Majored in** | |  | | | | | |
| **Emergency contact person(relationship) and address in Japan** (Zip code, Tel, Fax, E-mail) | | | | | | | |
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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**