

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

check your starting date :
<input type="checkbox"/> Autumn 2025
<input type="checkbox"/> Spring 2026

**Application for Admission
Master's Program**

Attach Photo Here

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

(4 cm × 3 cm)

Applicant's No. (Office use only)			
Department			
Your prospective supervisor (Please refer to the list of faculty members.)			
Applicant's Name (Roman block)			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> 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	
		<input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private	
Majored in			
Emergency contact person(relationship) and address in Japan (Zip code, Tel, Fax, E-mail)			