

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)

check your starting date :
<input type="checkbox"/> Autumn 2024
<input type="checkbox"/> Spring 2025

Application for Admission Master's Program

Applicant's No. (Office use only)				
Department				
Your prospective supervisor (Please refer to the Outline in p. 16-18.)				
Applicant's Name (Roman block)				
Sex		<input type="checkbox"/> Male		<input type="checkbox"/> Female
Date of birth				
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	Date
		<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)				