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

check your starting date:
□ Autumn 2022
☐ Spring 2023

Application for Admission Master's Program

Attach Photo Here

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

 $(4 \text{ cm} \times 3 \text{ cm})$

Applicant's No. (O	ffice use only)							
Department								
Your prospective s (Please refer to the 33-35.)								
Applicant's Name								
(Roman block)								
Sex			□Male		☐ Female			
Date of birth								
Place of birth		City			Country			
Nationality								
Passport No.								
Present address (Zip code, Tel, Fax, E-mail)								
Current mailing a	ddress (Zip code,	Tel, Fax, F	 E-mail)					
Graduated from	University, Colle	ege or Inst	itute (Faculty and	Department)	Year	Month	Date	
					□Nationa	l Public		
Majored in					1			
Emergency contact person(relationship) and address in Japan (Zip code, Tel, Fax, E-mail)								