

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)

Preferred Admission Date :
<input type="checkbox"/> September, October 2026
<input type="checkbox"/> April 2027

Application for Admission to the Master's Program

Examination No. (Office use only)			
Department			
Prospective Supervisor (Please refer to the List of Faculty Members.)			
Applicant's Name (Roman letters)			
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 (Postal Code, Tel, Fax, E-mail)			
Current Mailing Address (Postal 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 (Postal Code, Tel, Fax, E-mail)			