

# Application for Admission to the Doctoral Degree Program

Please check <input checked="" type="checkbox"/> the term in which you wish to enroll.	Spring enrollment (2026)	
	Fall enrollment (2025)	

Please select the language in which you would like to take the exam.	Japanese	
	English	

Applicant ID Number	※	Division	
		Department	Enter (fill in) only for the Aerospace and Marine-System Engineering or the Science and Engineering for Materials, Chemistry, and Biology divisions

Before the application process, I have consulted with a faculty member who is a potential mentor. (Please check <input checked="" type="checkbox"/> the box)	
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Name of the faculty member you wish to be supervised by.	
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(If possible, here in Katakana)			
<b>Full Name</b>			
Full Name (in your own language, if applicable)			
Date of birth	Year / Month / Day	(Your age at the time of enrollment: )	Sex Male / Female
Nationality		*1 Residence Status	<input type="checkbox"/> Yes ( ) / <input type="checkbox"/> No
Address	(Postal code — )		
	Phone number		
E-mail address			
Applicant Qualifications	Graduate School		
	Division		
	Department		
	Year / Month / Day	<input type="checkbox"/> Graduated / <input type="checkbox"/> Expected to graduate	
	School Registration Number	Applicants enrolled in the Osaka Metropolitan University, Osaka Prefecture University or Osaka City University should provide their School Registration Number	
Contact in Japan	Name		Relationship
	Phone number		

- Leave blank the field marked with “※”.

- If handwritten, make sure all forms are completed with a black pen or ballpoint pen (erasable pens are not acceptable).

\*1 Please indicate whether you have the status of residence or not by indicating a tick mark ☒ next to the Yes/No option. When you have marked “yes”, you must indicate your status of residence within brackets.

Please submit a printed form (one page, print on single-sided on A4 or letter size paper). You can change the text font size and line spacing in the input area.