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Graduate School of Engineering, Osaka Metropolitan University

Preliminary Screening of Applicant's Qualification Form

Date: / /

To the Dean of Graduate School of Engineering, Osaka Metropolitan University

<small>(If possible, here in Katakana)</small>	
Full Name	

I would like to apply to the Doctoral Degree Program of the Graduate School of Osaka Metropolitan University as indicated below, and would like to request for a Preliminary Screening with the prescribed documents attached here.

Spring enrollment (2026)	<input type="checkbox"/>
Fall enrollment (2025)	<input type="checkbox"/>

Please check ✓ the term in which you wish to enroll.

Date of birth	Year / Month / Day	Sex	Male / Female
Nationality		Residence Status	<input type="checkbox"/> Yes () / <input type="checkbox"/> No
Division			
Department	<small>Enter (fill in) only for the Aerospace and Marine-System Engineering or the Science and Engineering for Materials, Chemistry, and Biology divisions</small>		
Address	(Postal code -)		
	Phone number		
E-mail address			

- 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).

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.