|  |  |
| --- | --- |
|  | ※ |
| Graduate School of Engineering, Osaka Metropolitan University  **Application for Admission to the Master's Degree Program (2)**  Not required for the division of the Aerospace and Marine-System Engineering (Aerospace Engineering) or the Quantum and Radiation Engineering (Quantum and Radiation Engineering) | |

|  |  |  |  |
| --- | --- | --- | --- |
| Division |  | (If possible, here in Katakana) |  |
| Department |  | Full Name |  |

**Please complete only the fields of the Division (Department) to which you wish to apply.**

|  |  |
| --- | --- |
| **-Aerospace and Marine-System Engineering (Marine System Engineering)**  **-Electrical and Electronic Engineering (Electrical and Electronic Systems Engineering)** | |
| Name of the faculty member you wish to be supervised by. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mechanical Engineering (Mechanical Engineering)** | | | |
| Name of the research group you wish to join or the name of the faculty member you wish to be supervised. | | | |
| 1st choice |  | 6st choice |  |
| 2nd choice |  | 7th choice |  |
| 3rd choice |  | 8th choice |  |
| 4th choice |  | 9th choice |  |
| 5th choice |  | 10th choice |  |

|  |  |  |
| --- | --- | --- |
| **Urban Engineering (Architecture and Building Engineering/Urban Design and Engineering)** | | |
| Name of the faculty member from whom you wish or the name of the research group you wish to be supervised. |  | |
| Basic subject for examination. (Please select one subject and ✔ (fill in) the box) |  | Architectural basic subjects |
|  | Urban engineering basic subjects |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physics and Electronics (Physics and Electronics)** | | | | |
| Name of the faculty member you wish to be supervised. |  | | Name of the research group you wish to join |  |
| Course of interest (Please select the course of affiliation of the faculty from whom you wish to receive guidance by ✔ (filling in) the box). | |  | Course of Physics for Electronics | |
|  | Course of Electronic Materials | |

|  |  |
| --- | --- |
| **Science and Engineering for Materials, Chemistry and Biology**  **(Applied Chemistry, Chemical Engineering, Materials Science & Chemistry and Bioengineering)** | |
| Name of the faculty member you wish to be supervised. or the name of the research group you wish to join. |  |

Please use this form.

Leave blank the field marked with “※”.

If hand-written, ensure that all forms filled are written with a black pen or a ballpoint pen (erasable pens are not acceptable).

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