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| Graduate School of Engineering, Osaka Metropolitan University**Application for Admission to the Master's Degree Program** |

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| Please check ✔ the term in which you wish to enroll. | Spring enrollment (2026) |  |
| Fall enrollment (2025) |  |

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

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| 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 |
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| **All Divisions/Departments** | Before the application process, I have consulted with a faculty member who is a potential mentor. (Please check ✔ the box) |  |

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| (If possible, here in Katakana) |  |
| **Full Name** |  |
| 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 |  | \*1Residence Status | □Yes ( ) / □No |
| Address | (Postal code － ) |
|  |
| Phone number |  |
| E-mail address |  |
| Applicant Qualifications | University |  |
| Faculty |  |
| Department |  |
| Year / Month / Day |  | □Graduated / □Expected to graduate |
| School Registration Number | Applicants enrolled in the 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.