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| Graduate School of Engineering, Osaka Metropolitan University**Preliminary Screening of Applicant’s Qualification Form** |

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| Date: |  / /  |

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

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| (If possible, here in Katakana) |  |
| **Full Name** |  |

I would like to apply to the Master’s 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.

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

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| Date of birth | Year / Month / Day |  | Sex | Male / Female |
| Nationality |  | Residence Status | □Yes ( ) / □No |
| Division |  |
| Department | Enter (fill in) only for the Aerospace and Marine-System Engineering or the Science and Engineering for Materials, Chemistry, and Biology divisions |
|  |
| 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.