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Graduate School of Engineering, Osaka Metropolitan University

Preliminary Screening of Applicant's Qualification Form

Date:

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

(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.

Spring enrollment (2026)

Fall enrollment (2025)

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 | 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.