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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

(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 (2025)	
Fall enrollment (2024)	

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

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.