

FY 2026 Osaka Metropolitan University Graduate School
Graduate School of Rehabilitation Science

Doctoral Program Photo Card

Examinee number	*
Desired field of study	
Name	
Date of birth	/ / YYYY/MM/DD
<div><p>Photo</p><p>4 cm x 3 cm</p><p>Photo of your upper body in full face without a hat, taken within the last 3 months</p><p>Write your desired field of study and name on the back of your photo, cut your photo into the same size as the part surrounded by the dotted line, and affix it to that part.</p></div>	

* Please do not fill in the section marked *.