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

Master's Program Application for Admission

Entrance Examination Category Please check () the Entrance Examination Category for which you wish to apply.		☐ General examination		Examinee number		*	
		Examination specifically for working professionals		* Pl	ease do n	ot fi	ll in the section marked *.
		Examination specifically finternational students	for				
Name				Male	Date of birth	2	, ,
				Female			/ / VVVV/MM/DD
	Postal c	code:					YYYY/MM/DD
Address							
	Home	phone numbe					
Current job				Natio (Those who possess Janot required to fi	apanese nationali		
Desired field of study							
Desired professor to study under							
							
		☐ National ☐ Public		☐ Private			College
		U:	niver	rsity			School
Application				<u> </u>			
eligibility		Department					Department
		☐ Graduated		Expected to g	raduate o	on []
Please check () the applicable application eligibility items and provide the required information.		(Expected) Month of certification: []
		Degree-granting institution		: Bac	helor		
		Person who has completed (is expected to complete) non-Japanese school education					
****		rts, Science and Technology					
		Other []
	Postal c	eode:					
Acceptance notification	1 Ostar S	oue.					
address	Home						

Curriculum Vitae

	[]	
	in []	
T. 1	[]	
Education (high school and	in []	
beyond)	[]	
* Applicants for the	in []	
examination specifically for international students	[]	
should provide information starting with	in []	
enrollment at elementary	[]	
school.	in []	
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* Please provide information such as	in []	
enrollment, graduation, or expected graduation.	[]	
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Work History	[]	
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* Please provide information regarding	[]	
joining or resigning from the relevant organization.	in []	
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(Note) Please be sure to print the Application for Admission and Curriculum Vitae on both sides of the paper.

Status of residence after enrolment or status of	
residence to be obtained after enrolment	