Graduate School of Informatics, Osaka Metropolitan University

Entrance Examination for International Students

Application for Admission to the Doctoral Degree Program

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant ID Number | ※ | Department of choice |  |
| Course of choice  ＊2  (Department of Core Informatics) |  |
| Preferred  ＊1  Admission Date | April 2024 ( 　 screening)  September, October 2023 | Desired Supervisor |  |

I had applied to the professors associated with the department I would like to study before I submitted the application.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (If possible, here in Katakana) |  | | | | | | | | |  | |
| **Full Name** |  | | | | | | | | |  | |
| Full Name  (in own language,  if applicable) |  | | | | | | | | | Attach Photo Here  (Frontal portrait with head uncovered taken within the past three months)  (4 cm × 3 cm) | |
| Date of birth | Year / Month / Day | | | | | | Sex | | |  | |
| Male / Female | | |
| Nationality |  | | | | | | Residence Status  ＊4 | | | Yes ( ) /  No | |
| Address  ＊5 | (Postal code － ) | | | | | | | | | | |
|  | | | | | | | | | | |
| Tel: | － － | | | | | | | | | |
| E-mail address |  | | | | | | | | | | |
| Applicant Qualifications | Graduate School: | | |  | | | | | | | |
| Department: | | |  | | | | | | | |
| Course: | | |  | | | | | | | |
| Year / Month / Day: | | | |  | | | | Graduation /  Expected to graduate | | |
| Absence from studies | | | | | From To  (Reason) | | | | | |
| Yes /  No | | | | |
| School Registration Number  (Osaka Metropolitan University / Osaka Prefecture University / Osaka city University) | | | | | |  | | | | |
| Contact in Japan  ＊6 | Name | |  | | | | | Relationship | | |  |
| Tel | |  | | | | | | | | |
| Long-Term Study System  ＊7 | | | Yes /  No | | | | | | | | |

【Notes】

・Please prepare the document using this form and submit its printout (one A4).

・Do not fill in the ※ marked field.

・You may submit a printed copy of the form with a clear photograph of your face digitally inserted into the form.

【Filled information】

\*1 Please mark with a check☑.For applicants for spring admission, please indicate the application period

( **First** screening / **Second** screening).

\*2 Applicants for the Department of Core Informatics should indicate the course ( **Intelligent Informatics** /

**System Informatics**).

\*3 Please mark with a check☑after verifying the content.

\*4 Please mark with a check☑the answer to the question: Do you have a visa to reside in Japan? Yes / No

If you check☑ “Yes,” please indicate the type of visa inside the parentheses.

\*5 If you wish to have the acceptance letter sent to an address other than your current address, please let us know.

\*6 Please enter a phone number other than your home phone number where we can contact you in case of emergency.

\*7 Please refer to p.13 and mark with a check☑. (If you are interested in this option, please contact the education affairs

　　division before submitting your application.)