	Admission	
Entrance Examina	ation for International Students Doctoral Degree Program	
Er	ntrance Examination Card	screening)
ant ID Number	*	

(If possible, here

in Katakana)

Full Name

Graduate School of Informatics, Osaka Metropolitan University

Please do not detach	

[Notes]

Applic

Department of choice

(Department of Core Informatics)

Course of choice

- Please prepare the document using this form and submit its printout (one A4).
- · Please do not detach. This will be done at the university.
- Do not fill in the * marked field.

[Filled information]

- · Please indicate the admission period (April 2024 Admission / September, October 2023 Admission).
- For applicants for spring admission, please indicate the application period (<u>First</u> screening / <u>Second</u> screening).
- Please write your desired department, name and If possible, here in Katakana.
- Applicants for the Department of Core Informatics should indicate the course (<u>Intelligent Informatics</u> / <u>System Informatics</u>).