

# Entrance Examination for International Students

## Application for Admission to the Doctoral Degree Program

|                                                           |                                                                                                                                                                                |                                                                |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|
| <b>Applicant ID Number</b>                                | ※                                                                                                                                                                              | <b>Department of choice</b>                                    |  |
| <b>Preferred Admission Date</b> *1                        | <input type="checkbox"/> April 2026 ( _____ screening)<br><input type="checkbox"/> September, October 2025                                                                     | <b>Course of choice</b> *3<br>(Department of Core Informatics) |  |
| <b>Exam format</b> *2<br>(Department of Core Informatics) | <input type="checkbox"/> in person format (Nakamozu Campus)<br><input type="checkbox"/> online format (Zoom)<br><small>(Agree after carefully reading the precautions)</small> | <b>Desired Supervisor</b>                                      |  |

☐ I had applied to the professors associated with the department I would like to study before I submitted the application. \*4

|                                                                     |                                                                                                                                           |                            |                                                                      |                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <small>(If possible, here in Katakana)</small>                      |                                                                                                                                           |                            |                                                                      | <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <b>Attach Photo Here</b><br/><br/>           (Frontal portrait with head uncovered taken within the past three months)<br/><br/>           (4 cm × 3 cm)         </div> |
| <b>Full Name</b>                                                    |                                                                                                                                           |                            |                                                                      |                                                                                                                                                                                                                                                              |
| <b>Full Name</b><br><small>(in own language, if applicable)</small> |                                                                                                                                           |                            |                                                                      |                                                                                                                                                                                                                                                              |
| <b>Date of birth</b>                                                | Year / Month / Day                                                                                                                        | <b>Sex</b>                 | Male / Female                                                        |                                                                                                                                                                                                                                                              |
| <b>Nationality</b>                                                  |                                                                                                                                           | <b>Residence Status</b> *5 | <input type="checkbox"/> Yes ( _____ ) / <input type="checkbox"/> No |                                                                                                                                                                                                                                                              |
| <b>Address</b> *6                                                   | (Postal code _____ )<br><br>Tel: _____                                                                                                    |                            |                                                                      |                                                                                                                                                                                                                                                              |
| <b>E-mail address</b>                                               |                                                                                                                                           |                            |                                                                      |                                                                                                                                                                                                                                                              |
| <b>Applicant Qualifications</b>                                     | <b>Graduate School:</b> _____                                                                                                             |                            |                                                                      |                                                                                                                                                                                                                                                              |
|                                                                     | <b>Department:</b> _____                                                                                                                  |                            |                                                                      |                                                                                                                                                                                                                                                              |
|                                                                     | <b>Course:</b> _____                                                                                                                      |                            |                                                                      |                                                                                                                                                                                                                                                              |
|                                                                     | <b>Year / Month / Day:</b> _____ <input type="checkbox"/> Graduation / <input type="checkbox"/> Expected to graduate                      |                            |                                                                      |                                                                                                                                                                                                                                                              |
|                                                                     | <b>Absence from studies</b>                                                                                                               | From                       | To                                                                   |                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> Yes / <input type="checkbox"/> No          | (Reason)                                                                                                                                  |                            |                                                                      |                                                                                                                                                                                                                                                              |
|                                                                     | <b>School Registration Number</b><br><small>(Osaka Metropolitan University / Osaka Prefecture University / Osaka city University)</small> |                            |                                                                      |                                                                                                                                                                                                                                                              |
| <b>Contact in Japan</b> *7                                          | <b>Name</b>                                                                                                                               |                            |                                                                      | <b>Relationship</b>                                                                                                                                                                                                                                          |
|                                                                     | <b>Tel</b>                                                                                                                                |                            |                                                                      |                                                                                                                                                                                                                                                              |
| <b>Long-Term Study System</b> *8                                    | <input type="checkbox"/> Yes / <input type="checkbox"/> 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 color 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 check ☒.
- \*3 Applicants for the Department of Core Informatics should indicate the course ( **Intelligent Informatics** / **System Informatics**).
- \*4 Please mark with a check ☒ after verifying the content.
- \*5 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.
- \*6 If you wish to have the acceptance letter sent to an address other than your current address, please let us know.
- \*7 Please enter a phone number other than your home phone number where we can contact you in case of emergency.
- \*8 Please mark with a check ☒. (If you are interested in this option, please contact the education affairs division before submitting your application.)

\_\_\_\_\_ Admission ( \_\_\_\_\_ ) Screening

Entrance Examination for International Students Doctoral Degree Program

## Photo Card

|                                                                                                                                                        |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Applicant ID Number                                                                                                                                    | ※ |
| Department of choice                                                                                                                                   |   |
| Course of choice<br>(Department of Core Informatics)                                                                                                   |   |
| (If possible, here in Katakana)                                                                                                                        |   |
| Full Name                                                                                                                                              |   |
| <div>Attach Photo Here<br/><br/>(Frontal portrait<br/>with head<br/>uncovered taken<br/>within the past<br/>three months)<br/><br/>(4 cm × 3 cm)</div> |   |

### Graduate School of Informatics, Osaka Metropolitan University

\_\_\_\_\_ Please do not detach \_\_\_\_\_

#### 【Notes】

- Please prepare the document using this form and submit its printout (one A4).
- You may submit a printed color copy of the form with a clear photograph of your face digitally inserted into the form.
- 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 2026 Admission / September, October 2025 Admission ).
- For applicants for April 2026 admission, please indicate the application period ( First screening / Second screening ).
- Please write your desired department, name and If possible, here in Katakana.
- Applicants for the Department of Core Informatics should indicate the course ( Intelligent Informatics / System Informatics ).

# Resume

|                                                                     |                                     |       |                                                        |
|---------------------------------------------------------------------|-------------------------------------|-------|--------------------------------------------------------|
| (If possible, here in Katakana)                                     |                                     |       |                                                        |
| <b>Full Name</b>                                                    |                                     |       |                                                        |
| <b>Academic Background</b><br>(Starting with high school education) |                                     |       |                                                        |
| Name of school                                                      | Period of study<br>(Year / Month)   |       | Standard number<br>of years required<br>for graduation |
|                                                                     | From /<br>To /                      | years |                                                        |
|                                                                     | From /<br>To /                      | years |                                                        |
|                                                                     | From /<br>To /                      | years |                                                        |
|                                                                     | From /<br>To /                      | years |                                                        |
|                                                                     | From /<br>To /                      | years |                                                        |
|                                                                     | From /<br>To /                      | years |                                                        |
| <b>Employment History</b><br>(After graduating from high school)    |                                     |       |                                                        |
| Name of Organization                                                | Period of Employment (Year / Month) |       |                                                        |
|                                                                     | From /                              | To /  |                                                        |
|                                                                     | From /                              | To /  |                                                        |
|                                                                     | From /                              | To /  |                                                        |
|                                                                     | From /                              | To /  |                                                        |
|                                                                     | From /                              | To /  |                                                        |
|                                                                     | From /                              | To /  |                                                        |
| <b>Awards</b>                                                       | Year / Month                        |       |                                                        |
|                                                                     |                                     |       |                                                        |
|                                                                     |                                     |       |                                                        |
|                                                                     |                                     |       |                                                        |
| <b>Licenses, Qualification Certificates</b>                         | Year / Month                        |       |                                                        |
|                                                                     |                                     |       |                                                        |
|                                                                     |                                     |       |                                                        |
|                                                                     |                                     |       |                                                        |

Please prepare the document using this form and submit its printout (one A4).  
 Not required for applicants who underwent Qualification Screening.

# Research Plan

|                                                                                                                                                             |    |                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------|--|
| Department of choice                                                                                                                                        |    | (If possible, here<br>in Katakana) |  |
| Course of choice<br>(Department of Core Informatics)                                                                                                        |    | Full Name                          |  |
| Desired Supervisor                                                                                                                                          |    |                                    |  |
| Research Topics                                                                                                                                             | 「」 |                                    |  |
| Please describe what you have learned about research areas that you wish to pursue, as well as the research contents you plan to implement after admission. |    |                                    |  |
|                                                                                                                                                             |    |                                    |  |

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

# Research History

|                                                      |  |                                 |  |
|------------------------------------------------------|--|---------------------------------|--|
| Department of choice                                 |  | (If possible, here in Katakana) |  |
| Course of choice<br>(Department of Core Informatics) |  | Full Name                       |  |

| Title of publications | Authors | Name of publication<br>(Journal, book, etc.) | Volume, Issue, Pages,<br>Year or Date of publication |
|-----------------------|---------|----------------------------------------------|------------------------------------------------------|
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |
|                       |         |                                              |                                                      |

**Please attach the offprint or photocopy of your main research paper(s).**  
Please prepare the document using this form and submit its printout (one A4).  
Not required for applicants who underwent Qualification Screening.  
If you have no prior research experience and achievements, please enter “None.”