Graduate School of Informatics, Osaka Metropolitan University

Entrance Examination for International Students

Application for Admission to the Master's Degree Program

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant ID Number | ※ | Department of choice |  |
| PreferredAdmission Date\*1 | □ April 2023 ( screening)□ September, October 2022 | Course of choice(Department of Core Informatics) |  |
| DesiredSupervisor |  | Examination Category\*2(Department of Interdisciplinary Informatics) |  |

□ I had applied to the professors associated with the department I would like to study before I submitted the application. \*3

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| --- | --- | --- |
| (If possible, here in Katakana) |  |  |
| **Full Name** |  | Attach Photo Here(Frontal portrait with head uncovered taken within the past three months)(4 cm × 3 cm) |
| Full Name(in own language, if applicable) |  |  |
| 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 | University:  |  |
| Faculty: |  |
| Department: |  |
| Year / Month / Day: |  | □ Graduation / □ Expected to graduate |
| Absence from studies | From To (Reason) |
| □ Yes / □ No |
| Contact in Japan\*6 | Name |  | Relationship |  |
| Tel |  |
| Long-Term Study System\*7 | □ Yes / □ No |

\*1 Please mark the term when you wish to enroll with a check☑. For applicants for spring admission, please indicate the application

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

\*2 For the Department of Interdisciplinary Informatics only, please refer to p.18 and specify the examination category (either **A** or **B**).

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

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

If you circled “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 put a circle in the appropriate box. (If you are interested in this option, please contact the education affairs

division before submitting your application.)

・Do not fill in the ※ marked field.