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 |  |
| Preferred  Admission Date\*1 | □ April 2023 ( screening)  □ September, October 2022 | Course of choice  (Department of Core Informatics) |  |
| Desired  Supervisor |  | 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.