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＊1Admission Date | [ ]  April 2026 ( 　 screening)[ ]  September, October 2025 | Course of choice＊4(Department of Core Informatics) |  |
| Exam format＊2）(Department of Core Informatics) | [ ]  in person format[ ]  online format (Zoom)　 (Agree after carefully reading the precautions) | Examination Category＊5(Applicants for September, October 2025 admission to the department of Interdisciplinary Informatics) |  |
| Prior＊3consultation | [ ]  I had applied to the professors associated with the department I would like to study before I submitted the application. | Desired Supervisor |  |
| Examination Language＊6 | [ ]  Japanese [ ]  English |

|  |  |  |
| --- | --- | --- |
| (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＊7 | [ ]  Yes ( ) / [ ]  No  |
| Address＊8 | (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＊9 | Name |  | Relationship |  |
| Tel |  |
| Long-Term Study System＊10 | [ ]  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 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 Before filing the application, check☑after consulting with the faculty member you would like to have as an advisor.

\*4 Applicants for the Department of Core Informatics should indicate the course ( **Intelligent Informatics** /

**System Informatics**).

\*5 Applicants for the September, October 2025 Admission to the Department of Interdisciplinary Informatics should

specify the examination category ( **A** / **B** ).

 \*6 Please mark with a check☑.

\*7 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.

 \*8 If you wish to have the acceptance letter sent to an address other than your current address, please let us know.

 \*9 Please enter a phone number other than your home phone number where we can contact you in case of emergency.

 \*10 Please mark with a check☑. (If you are interested in this option, please contact the education affairs division before

submitting your application.)

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| 　　 Admission（　　　　　　　）ScreeningEntrance Examination for International Students Master’s Degree Program**Photo Card**

|  |  |
| --- | --- |
| Applicant ID Number | ※ |
| Department of choice |  |
| Course of choice(Department of Core Informatics) |  |
| (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) |

 **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) |  |
| **Full Name** |  |
| **Academic Background** (Starting with elementary education) |
| Name of school | Period of study (Year / Month) | Standard number of years required for graduation |
|  | From　　　　　/To　　　　　　/ |  years |
|  | From　　　　　/To　　　　　　/ |  years |
|  | From　　　　　/To　　　　　　/ | years |
|  | From　　　　　/To　　　　　　/ | years |
|  | From　　　　　/To　　　　　　/ | years |
|  | From　　　　　/To　　　　　　/ | years |
| **Employment History**(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　 　/  |
| **Awards** | Year / Month |
|  |  |
|  |  |
|  |  |
| **Licenses, Qualification Certificates** | 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, herein Katakana) |  |
| **Full Name** |  |
| Course of choice(Department of Core Informatics) |  |
| 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. |
|  |

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