Graduate School of Informatics, Osaka Metropolitan University

Entrance Examination for International Students

Application for Admission to the Master's Degree Program

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| --- | --- | --- | --- |
| Applicant ID Number | ※ | Department of choice |  |
| Preferred  ＊1  Admission Date | April 2025 ( 　 screening)  September, October 2024 | Course of choice  ＊4  (Department of Core Informatics) |  |
| Exam format  ＊2  ）  (Applicants for April 2025 admission to the department of Core Informatics) | in person format  online format (Zoom)  　 (Agree after carefully reading the precautions) | Examination Category  ＊5  (Department of Interdisciplinary Informatics) |  |
| Prior  ＊3  consultation | I had applied to the professors associated  with the department I would like to study  before I submitted the application. | Desired Supervisor |  |

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| (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  ＊6 | | | Yes ( ) /  No | |
| Address  ＊7 | (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  ＊8 | Name | |  | | | | | Relationship | | |  |
| Tel | |  | | | | | | | | |
| Long-Term Study System  ＊9 | | | 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 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 April 2025 admission to the department of Core Informatics should check☑after confirming the

information on p.9.

\*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 Department of Interdisciplinary Informatics should refer to p.15 and specify the examination

category ( **A** / **B** ).

\*6 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.

\*7 If you wish to have the acceptance letter sent to an address other than your current address, please let us know.

\*8 Please enter a phone number other than your home phone number where we can contact you in case of emergency.

\*9 Applicants for the Department of Core Informatics should refer to p.12, Applicants for the Department of

Interdisciplinary Informatics should refer to p.13 and 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  （ 　 screening ）  ）  Entrance Examination for International Students Master’s Degree Program  **Photo Card**   |  |  | | --- | --- | | Applicant ID Number | ※ | | Department of choice |  | | Course of choice  (Department of Core Informatics) |  | | Examination Category  (Department of Interdisciplinary 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 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 2025** Admission / **September, October 2024** Admission).

・For applicants for April 2025 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**).

・Applicants for the Department of Interdisciplinary Informatics should specify the examination category ( **A** / **B** ).

Resume

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| --- | --- | --- | --- |
| (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 | |
|  | |  | |
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| **Licenses, Qualification Certificates** | | Year / Month | |
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Not required for applicants who underwent Qualification Screening.

Research Plan

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| --- | --- | --- | --- |
| Department of choice |  | (If possible, here  in 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. | | | |
|  | | | |

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