Entrance Examination for International Students Application for Admission to the Master's Degree Program

Applicant ID Number	*	Department of choice	
*1 Preferred Admission Date	 □ April 2026 (screening) □ September, October 2025 	*4 Course of choice (Department of Core Informatics)	
* 2 Exam format (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)	
*3 Prior	☐ I had applied to the professors associated with the department I would like to study	Desired Supervisor	
consultation	before I submitted the application.	*6 Examination Language	🗆 Japanese 🛛 English

(If possible, here in			7 _г	
Katakana)				Attach Photo Here
Full Name				(Frontal portrait
Full Name				with head uncovered taken
(in own language,				within the past three months)
if applicable)	Year / Month / Day	Sex	-	
Date of birth		Male / Female	- L	$(4 \text{ cm} \times 3 \text{ cm})$
		* '		
Nationality		Residence Status	□ Yes (() / 🗆 No
*8	(Postal code –)			
Address				
Address				
	Tel: — —			
E-mail address				
	University:			
	Faculty:			
Applicant Qualifications	Department:			
Quantications	Year / Month / Day:		☐ Graduatior	n / 🗆 Expected to graduate
	Absence from studies From To			
	□ Yes / □ No (Reason)			
*9 Contact in Japan	Name	Relation	onship	
	Tel			
Long-Term Study S	*10 ystem	□ Yes / □	No	

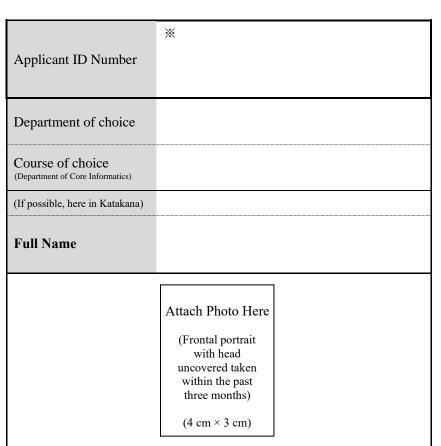
(Notes)

- Please prepare the document using this form and submit its printout (one A4).
- Do not fill in the \times 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 \square .
- *3 Before filing the application, check Z 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 (<u>Intelligent Informatics</u> / <u>System Informatics</u>).
- *5 Applicants for the September, October 2025 Admission to the Department of Interdisciplinary Informatics should specify the examination category ($\underline{A} / \underline{B}$).
- *6 Please mark with a check \square .
- *7 Please mark with a check I the answer to the question: Do you have a visa to reside in Japan? Yes / No If you check I "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.)

Entrance Examination for International Students Master's Degree Program



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 \times marked field.

[Filled information]

- Please indicate the admission period (<u>April 2026</u> Admission / <u>September, October 2025</u> Admission).
- For applicants for April 2026 admission, please indicate the application period (<u>First</u> screening / <u>Second</u> screening).
- Please write your desired department, name and If possible, here in Katakana.
- Applicants for the Department of Core Informatics should indicate the course (<u>Intelligent Informatics</u> / <u>System Informatics</u>).

Photo Card

Resume

(If possible, here in Katakana)						
Full Name						
Academic Background (Starting with elementary education)						
Name of school	Period (Year /	of study Month)	Standard n of years re for gradu	equired		
	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	1	of Employme	ent (Year / Mo	onth)		
	From	/	То	/		
	From	/	То	/		
	From	/	То	/		
	From	/	То	/		
	From	/	То	/		
	From	/	То	/		
Awards		Year / M	Month			
Licenses, Qualification Certificates		Year / M	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 in Katakana)	
Course of choice (Department of Core Informatics)		Full Name	
Desired Supervisor			
Research Topics	Γ		
Please describe what you contents you plan to imple	have learned about research areas that ement after admission.	you wish to pursue, as well as the research	