2022 Fall Term Admissions

Graduate School of Sustainable System Sciences, Osaka Metropolitan University

**Entrance Examination for International Students**

**Application for Admission to Master’s Program**

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| --- | --- | --- | --- |
| Applicant ID Number | ※ | Department of choice |  |
| Desired Supervisor |  |
| Examination Category | Environmental Sciences or Human Sciences only. Please see p.13. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| (If possible, in Katakana above) |  | | | | Paste Photograph Here  A front-facing photograph of your head without a hat taken within the past three months.  Please write your name on the back of the photo.  (4 cm x 3 cm) | | |
| Name |  | | | |
| Preferred Name |  | | | |
| Date of Birth | (YYYY/MM/DD) | | Sex | |
| Male / Female | |
| Nationality |  | | Residence Status\*1 | | Yes □ ( ) / No □ | |
| Address | (Postal code － )  Telephone No. | | | | | |
| E-mail address |  | | | | | |
| Applicant Qualifications | University, Faculty, Department  Year / Month / Day: Graduated / Scheduled to graduate | | | | | |
| Student Number  (Complete this field only if you are already enrolled at Osaka Metropolitan University) | | | |  | |
| Research Topic After Admission |  | | | | | |
| \*2  Contact Address for Acceptance Notification | (Postal code － )  Name ( 　　　　　　　　　　　　　)Telephone No.　　　　　－　　　　－ | | | | | |
| \*3  Emergency Contact | Name |  | | Relationship | |  |
| Telephone No. |  | | | | |

**[Important Information]**

†Do not fill in the ※ marked field.

\*1 Please indicate whether you have status of residence by put a tick mark ✓ next to the Yes/No option. When you have placed a

mark ✓ next to the Yes option, you must indicate your status of residence within brackets.

\*2 You do not need to complete this line if your contact address is the same as your current address. If your current address is outside

Japan, please enter an address in Japan where you wish to receive your notification of acceptance.

\*3 Please enter a phone number etc. to contact in the case of an emergency contact in Japan.

(Master’s Program: Special Selection Procedure for International Students)

Curriculum Vitae

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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Date of Birth | (YYYY/MM/DD) | | |
| **Education**  (Please begin with your Elementary School enrollment, writing in either English or Japanese) | | | | | | |
| Year | Month | **Name of school** | | | | Formal period |
|  |  |  | | | Enrollment | year |
|  |  | Graduation |
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| Year | Month | **Employment History**  (Please list the names of firms, facilities, and organizations, etc. in either English or Japanese) | | | | |
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