## Graduate School of Veterinary Science, Osaka Metropolitan University Entrance Examination for International Students

check your starting date:
□ Autumn 2025
☐ Spring 2026

## **Application for Admission Doctoral Program**

Attach Photo Here

(Frontal portrait with head uncovered taken within past three months)

 $(4 \text{ cm} \times 3 \text{ cm})$ 

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Applicant's No. (O)	ffice use only)							
Department		Vete	rinary Science					
Division								
Laboratory								
(Please refer to the Outline.)								
Desired Supervisor								
Applicant's Name								
(Roman block)								
Sex			□Male		□Female			
Date of birth								
Place of birth		City			Country			
Nationality								
Passport No.								
Present address (Zip code, Tel, Fax, E-mail)								
Current mailing address (Zip code, Tel, Fax, E-mail)								
Graduated from	University, College or Institute (Faculty and Department)			Year	Month	Date		
Bachelor								
					□National	□Public	□Private	
Majored in								
Graduated from	University, College or Institute (Faculty and Department)				Year	Month	Date	
Master								
					□National	□Public	□Private	
Majored in								
Emergency contact person(relationship) and address in Japan (Zip code, Tel, Fax, E-mail)								