Graduate School of Science Osaka City University Enrollment October 2021 (International Course)

Letter of Conditional Acceptance

| Name of applicant: | | | | _ |
|--|---------------|------------------|--------------|-------|
| | | (middle) | | |
| I will accept you as a s | tudent if you | ı pass the entra | ance examina | ition |
| Date: | | | | |
| Laboratory of Division of Graduate School of Sc Osaka City University | | , | 1 | |
| Name: | | | | |
| Signature: | | | | |