Graduate School of Agriculture,
Osaka Metropolitan University
Entrance Examination for International Students

Application for Admission
Master's Program

check your starting date :
☐ Autumn 2026 ☐ Spring 2027

Attach Photo Here

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

(4 cm × 3 cm)

Examination No. (Office use only)				
Department				
Your prospective supervisor (Please refer to the list of faculty members.)				
Applicant's Name **(Roman block)**				
Sex	☐**Male** ☐**Female**			
Date of birth（Year / Month / Day）				
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 / Day	
			☐**National** ☐**Public** ☐**Private**	
Majored in				
Emergency contact person(relationship) and address in Japan (Zip code, Tel, Fax, E-mail)				