Examination Number *****

Entrance Application for October 2024

To : Preside Name in full :	Division/Department Course Application fo ent, Osaka Universi ock Letters] *Please v	(or Admiss ty			For professors to check ())) SS)
To : Preside Name in full : [in Roman Blo	Course Application for ent, Osaka Universion	(or Admiss ty)
To : Preside Name in full : [in Roman Blo	Course Application for ent, Osaka Universion	(or Admiss ty		national Student)) (S)
Name in full : [in Roman Blo	Application fo ent, Osaka Universi	or Admiss		national Student) (s)
Name in full : [in Roman Blo	ent, Osaka Universi	ty		national Student	(S)
Name in full : [in Roman Blo		-	ne notation as		
[in Roman Blo	ock Letters] *Please v	vrite in the san	ne notation as		
[in Katakana]				your passport	
[in Chinese Ch					
University as an in Sex	y application form ternational student o Male Female	f the Doctora Student ID	al Course wit	Graduate School of En	gineering, Osaka
Nationality/ Region		(If you are pr enrolled in Osa			Photo
Date of Birth	(year	r) ((month)	(day)	(4cm×3cm)
Permanent Address in Home Country					Please write your name on the backsid
Present Address				Zip Code:	
E-:	E-mail : TEL :				
			or to be notified	d in case of emergency	
Name	Relation	nship		Address	
E-mail :			TEI		
erson (living in Hom Name	e Country) to be notifi Relatio		emergency	Address	
Inallie	Kelatio	namh		Address	
E-mail :					

⟨Notes⟩ •Proper nouns should be written in full, not abbreviated.

• * Do not fill in.

Examination Number *****

			Educat	tional Back	around					
		Name o	of School		-	riod o	of Atte	ndance	Degree	Required
Classification	Addr	ess of Schoo		untry)	(уу	yy/mn		Number of Years	Held	Years of Study
Elementary					From	/				
School					To	/		years		years
. .					From	/				
Lower and Upper					То	/		years	\square	year
Secondary School					From	/				
					То	/		years		year
Undergraduate					From	/			Bachelor Master	
Level					То	/		years	Other ()	year
Graduate Level					From To	/			Bachelor Master Other	
						/		years	() Bachelor	year
								years	Master Other	year
				То	tal Year	s of S	chooli	•	ned Above	
	School and	Faculty Name	Period o	f Attendance	e (yyyy/n	nm)]	Details	year
Research Student	From / To /				$\sim \begin{array}{c} \text{Attach a proof of enrollment if y} \\ \text{are NOT a research student at} \\ \text{Osaka University.} \end{array}$					
Japanese Language School		From If you have ever taken "Japanese Lang" / ~ To University Admission for International attach a copy of your results.			or Japanese					
Other		State any experience of studying ab in countries (including Japan) other your home country.			•					
		_		oloyment H	istory					
Name and Address of Organization (yyyy		Period of Er (yyyy/	nployment mm)	Position			Type of Work			
		~								

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			Examination Number	*			
Research Interests (after e	nrollment at Osal	ka University)					
Research Achievements							
	(List your research papers and publications, if any. Specify the title, name and address of publisher, and date of publication of each paper. If you don't have any, specify what you have learned so far.)						
	cuen puper. Il you	i don i nave any, i	speenry what you have le		.ur.)		
			al 4 1.				
Japanese Language Profic	Excellent	Good		oor	Notes		
Reading							
Writing							
Speaking							
Listening							
Foreign Language Proficie	ncy: Self-evaluati	ion. Select one th	at applies.				
	Excellent	Good		oor	Notes		
English							

[International Students]	Admission for October 2024	Doctoral Course
	Admission Ticket (202	4)
Division/ Department		[]
Course		
Examination Number	*	Photo (4cm×3cm)
Name :	f Engineering, Osaka University	Write your name on the backside.

Note) You must bring this Ticket when you take the examination. Also, be careful not to lose this Certificate until your enrollment. For details on the entrance examination, please contact your Division/Department (Course) office or academic advisor.

[International Students]	Admission for October 2024	Doctoral Course
	Photo Card (2024)	
Division/ Department		
Course		
Examination Number	*	Photo
Name :	·	(4cm×3cm) Write your name on the backside.
Graduate School of	of Engineering, Osaka University	

•* Do not fill in.

*<u>No need to submit if you live abroad or if you are a present student of School/Graduate School of</u> Engineering, Osaka University.

Labels for sending documents to the applicant

- This label is to address the envelope to send notification of acceptance, enrollment documents and others.
- Fill in applicant's postal code/address in Japan, name and major/course choice on all labels. Number is NOT needed.
- Should there be any changes in label's information after submission, contact Admission section immediately.

(Address in Japan)		(Address in Japan)
(Name)	様	(Name) 様
(Division)		(Division)
(Course)		(Course)
(Number)		(Number)
【差出力 大阪大学工学研究科教務課入詞 Admission Section, GSE, Osa University TEL: 06-6879-72	式係 aka	【差出人】 大阪大学工学研究科教務課入試係 Admission Section, GSE, Osaka University TEL: 06-6879-7228
(Address in Japan)		(Address in Japan)
(Name) 様		(Name) 様
(Division)		(Division)
(Course)		(Course)
(Number)		(Number)
【差出力 大阪大学工学研究科教務課入詞 Admission Section, GSE, Osa University TEL: 06-6879-72	式係 aka	【差出人】 大阪大学工学研究科教務課入試係 Admission Section, GSE, Osaka University TEL: 06-6879-7228