Master's Course	
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Examination Number   *	
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### **Entrance Application for April 2025**

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				<u>Acade</u>	emic A	dvisor:			<u> </u>
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	Division	/Department							)
		Course	(						)
	App	olication f	or Adm	ission (I	nterr	national Stude	nts)		
To: Pres	ident, Os	aka Universi	ity						
Name in fu [in Roman		ters] *Please v	<i>w</i> rite in the	same notation	on as yo	our passport			
[in Kataka	ına]								
[in Chinese	e Characters	s]							
University as ar		onal student o	of the Mas	ster's Course ID Number	e with	uate School of Engi	ineering	g, Osaka	
Nationality/ Region				re presently Osaka Univ.)	1			Photo	
Date of Birth		(yea	r)	(month)		(day)		(4cm×3cm Please write y	
Permanent Address in Home Country								name on the bac	
Present Address						Zip Code:			
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<sup>⟨</sup>Notes⟩
•Proper nouns should be written in full, not abbreviated.

<sup>• \*</sup> Do not fill in.

Examination Number	*

			Educat	tional Back	ground					
C1::::	Name of School				Period of Attendance			Degree	Required	
Classification	Addr	ess of School	l (City, Co	untry)	(yy	yy/mn	n)	Number of Years	Held	Years of Study
Elementary School					From To	/		years		year
Lower and Upper Secondary School					From To From To	/ /		years		year
Undergraduate Level					From To	/		years	Bachelor Master Other	year
Graduate Level					From To	/		years	Bachelor Master Other	year
				То	tal Vaar	o of S	chool	years	Bachelor Master Other ( )	year
		E to M	D : 1				CHOOL			year
Research Student Japanese Language	School and	Faculty Name	From To From To	f Attendance / / /	e (yyyy/m	~ ~ ~	Os If you Profici	tach a proof e NOT a res saka Univers have ever take tency Test" or	n "Japanese Lan "Examination fo	guage r Japanese
School Other		/			University Admission for International Stude attach a copy of your results.  State any experience of studying ab in countries (including Japan) other your home country.		ing abroad			
			Emp	loyment H	istory					
Name and Ad of Organization	Name and Address of Organization  Period of Employment (yyyy/mm)			ition			Тур	e of Work		
		~	,							
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	Examination Number	*
Research Interests (after enrollment at Osaka University)		
Research Achievements		
(List your research papers and publications, if any. Specify the	he title, name and addres	ss of publisher,
and date of publication of each paper. If you don't have any, s		
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Japanese Language Pro	ficiency: Self-evalua	tion. Select one	that applies.		
	Excellent	Good	Fair	Poor	Notes
Reading					
Writing					
Speaking					
Listening					

Foreign Language Proficie	ncy: Self-evaluati	ion. Select one tha	at applies.		
	Excellent	Good	Fair	Poor	Notes
English					

## Admission Ticket (2025)

Division/ Department		
Course		
Examination Number	*	

Name:

Graduate School of Engineering, Osaka University

Photo

(4cm×3cm) 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.

Unternational Students				
Internetional Studente	1	rudantal	Ct	International

Admission for April 2025

Master's Course

# Photo Card (2025)

Division/ Department	
Course	
Examination Number	*

Name

Photo (4cm×3cm) Write your name

on the backside.

Graduate School of Engineering, Osaka University

•\* Do not fill in.

\*No need to submit if you live abroad or if you are a present student of School/Graduate School of 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)
大阪大学工学研究科教彩 Admission Section, GS University TEL: 06-6 ———————————————————————————————————	SE, Osaka	【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
(Name)	様	(Name) 様
(Division)		(Division)
(Course)		(Course)
(Number)		(Number)
大阪大学工学研究科教系 Admission Section, GS University TEL: 06-6	SE, Osaka	【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