Doctoral Course	10月入学
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Examination Number	*
Examination Number	T

## **Entrance Application for October 2025**

			Hea	ad of Div./	Dept./Course:		
				Acade	emic Advisor:		
						For professors to c	neck ↑
	Division	/Department					)
		Course	(				)
A	Applicat	tion for A	dmissio	n (Inter	national Students	s)	
To : Pre	sident, the	e University	of Osaka	l			
Name in fu [in Roman		ters] *Please v	vrite in the	same notatio	on as your passport		
[in Kataka	ina]						_
[in Chinese	e Character	s]					
•			_		the Graduate School oral Course with [	f Engineering, the	]
Sex	Male	Female	4	D Number			
Nationality/ Region			(If you are enrolled in			Ph	oto
Date of Birth		(yea	r)	(month)	(day)	(4cm	×3cm)
Permanent Address in Home Country							rite your ne backside.
Present Address					Zip Code	e:	
	E-mail:				TEL:		
Person (living in Jame Name	apan) or pro	ospective acade Relation		visor to be n	otified in case of emergen Address	•	
Tvanic		Kelatio	пзпір		Address	<u> </u>	
E-mail:		1	. 1.		TEL:		
Person (living in H Name	lome Coun	try) to be notification		of emergenc	y Address	2	
Ivanic		Relatio	р		Additos	,	
E-mail :					TEL:		

<sup>⟨</sup>Notes⟩
• Proper nouns should be written in full, not abbreviated.

<sup>• \*</sup> Do not fill in.

Examination Number	*

			Educa	tional Back	ground					
Cl :C :		Name o	of School		Period of Attendance		ndance	Degree	Required	
Classification	Addr	ess of School	l (City, Co	untry)	(уу	yy/mn	n)	Number of Years	Held	Years of Study
Elamantam					From	,				•
Elementary School					То	/				
						/		years	<u>/</u>	years
					From	/				
Lower and					То	,				
Upper Secondary					From	/		years		years
School						/				
					То	/		years		years
					From			-	Bachelor	
Undergraduate Level	ļ				То	/			Master Other	
Level					10	/		years	( )	years
					From	,			Bachelor	
Graduate Level					То	/			Master Other	
						/		years	( )	years
									Bachelor Master	
									Other	
								years	( )	years
	T			To	tal Year	s of S	chool	ing Mentic	oned Above	years
	School and	Faculty Name		f Attendance	(yyyy/n	nm)			Details	
Research			From	/		$\sim$		_	f of enrollme search studen	
Student			То	/				Osaka.	scarcii stadeii	t di
Japanese			From	,		$\sim$			en "Japanese Lar	
Language School			То	/		, 0	Unive	rsity Admission	"Examination fo n for Internation	
School				/				a copy of your	results. ence of study	ing abroad
Other									luding Japan)	_
							your	home count	try.	
		ı		loyment H	istory	ı				
Name and Address of Organization Period of Employment (yyyy/mm)		Pos	ition		Type of Work					
		~		-						
		~				+				
		~								
						_				
		~								

l	Examination Number	*						
Research Interests (after enrollment at the University of Osaka	1)							
Research Achievements								
(List your research papers and publications, if any. Specify th	ne title, name and address	s of publisher,						
and date of publication of each paper. If you don't have any, sp	pecify what you have lea	arned so far.)						
		1						
		1						

Japanese Language Proficiency: Self-evaluation. Select one that applies.							
	Excellent	Good	Fair	Poor	Notes		
Reading							
Writing							
Speaking							
Listening							

Foreign Language Proficiency: Self-evaluation. Select one that applies.						
	Excellent Good Fair Poor Notes					
English						

## Admission Ticket (2025)

Division/ Department	
Course	
Examination Number	*

Name:

Graduate School of Engineering, the University of Osaka

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.

<b>Unterna</b>	ational	Stud	entel

Admission for October 2025

**Doctoral Course** 

## Photo Card (2025)

Division/ Department	
Course	
Examination Number	*

Name

Graduate School of Engineering, the University of Osaka

Photo
(4cm×3cm)
Write your name
on the backside.

•\* 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, the University of Osaka.

## 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務課力 Admission Section, the University of C TEL: 06-6879	試係 GSE, Osaka		【差出人】 阪大学工学研究科教務課入試係 Admission Section, GSE, the University of Osaka TEL: 06-6879-7228
(Address in Japan)		(Address in Japan)	
(Name)	ŧ	(Name)	様
(Division)		(Division)	
(Course)		(Course)	
(Number)		(Number)	
【差出 大阪大学工学研究科教務課力 Admission Section, the University of C TEL: 06-6879	人試係 GSE, Osaka	大	【差出人】 阪大学工学研究科教務課入試係 Admission Section, GSE, the University of Osaka TEL: 06-6879-7228