% for Students who expect to complete Master's Degree program of Graduate School of Engineering, the University of Osaka

Entrance Application for April 2026 [Doctoral Degree Program]

Choose one of the programs which you wish to enroll.

ſ

*Applicants to "International Priority Graduate Program on Applied and Engineering Physics" MUST ask their supervisors which course they should apply for.

]

Applica	ation for A	dmission	(Prog	rams Cond	ucted	in English)	
To : Pres	ident, the Un	iversity of (Dsaka				
Name in f [in Roma		s] *Please v	vrite in 1	the same notatio	n as you	r passport	
[in Katak	ana]						
[in Chines	se Characters]						
I hereby subn Osaka as a stud			-	nce to the Gradu	ate Sch	ool of Engineering, the	e University of].
Sex	Male	Female		ent ID Number are presently enrolled	1		Photo
Nationality/ Region			(II you	in UOsaka.)	1		$(4 \text{ cm} \times 3 \text{ cm})$
Date of Birth		(Year)		(Month)		(Day)	*Please write
Permanent Address in Home Country							 your name on the backside before pasting.
Present Address	E-mail :					Zip Code: TEL :	
Person (living in	n Japan) or pro	spective supe	ervisor t	o be notified in	case of e	emergency	
Nam	ne	Relations	ship			Address	
E-mail					TEL		
Person (living in				case of emergend	сy		
Nan	ne	Relation	ship			Address	
E-mail					TEL		

<Notes>

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

• Specify your academic background and employment history in detail.

		E	ducat	tional	Back	ground				
C1	Name	of School				Peri	od of Atte		Degree	Required
Classification	Address of Sch	ool (City,	Cour	ntry)		(уу	yy/mm)	Numbers of Years	(Bachelor/ Master)	Years of Study
Elementary School						From To	/	years		
Lower and						From To	/			years
Upper Secondary School						From To	/	years		years
							/	years		years
Undergraduate Level						From To	/		Bachelor Master Other	
						-	/	years		years
Graduate Level						From To	/	years	Bachelor Master Other	years
								years		years
					To	otal Years	of School		oned Above	years
	School and Faculty	Perio	od of A	Attend	ance(yyyy/mm)			Details	
Research Student		From	/	~	Тс	/			enrollment if y 1 the Universit	
Japanese Language School		From	/	~	Τc	/	Test" or	"Examination f on for Internation	Japanese Langua for Japanese Univ onal Students," at	ersity
Others							countr		ce of studying g Japan) other	

	E	mployment History	
Name and Address of Organization	Period of Employment (yyyy/mm)	Position	Type of Work
	~		
	~		
	~		

Prospective supervisor: whom you have contacted and obtained permission to apply.

Research Interests (after enrollment)

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.)

Japanese Language Profic	iency : Self-evalua	ation. Check one th	hat applies.		
	Excellent	Good	Fair	Poor	Notes
Reading					
Writing					
Speaking					
Listening					

Language Proficiency : Sel	f-evaluation. Chec	k one that applies			
	Excellent	Good	Fair	Poor	Notes
English					

[Programs Conducted in English]

Admission for April 2026

Doctoral Program

Program Name						
Examinee's number	*					
Name :						Photo $(4 \text{ cm} \times 3 \text{ cm})$
aduate School of I	Engineering, th	e Univ	ersity of O	saka		
o not fill in.	il admission to	Doctor		n.		
-		Doctor			026	Doctoral Pr
o not fill in.	in English]		al progran	for April 2	.026	Doctoral Pr
o not fill in.	in English]		al program	for April 2	.026	Doctoral Pr
o not fill in.	in English]		al program	for April 2	.026	Doctoral Pr

*Do not fill in.