		nrolled in The	University of Osaka, enter the n	umber here.			
Student ID	No.						Attach your
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111			ool of Information Science and T	echnology, The U	niversity of Osaka	a	(Front upper body, no
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							taken within the past 3
							months)
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Name of p	referre	ed supervisor			·		
Preferred r	najor ((Department)				1	
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Application qualification		ect the corresp	onding number from "3. Admiss	ion Requirements	in Application C	iuideli	ne.)
Application qualification							
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Note 1) One additional contact information in the applicant's home country requested.

I will [□resign

For person in employment

2) In the academic history field, start entering with primary school entrance information. In addition, make sure to enter information regarding research student or student of Japanese-language school if applicable.

Academic affairs	*	Check	*

□not resign] after admission.

	Examination Admission Card (FY)	Photograph
Major name		Attack the same whate 6
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Name		<u> </u>
Graduate Sci	hool of Information Science and Technology, The University of O	saka
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Please leave blank in the fields with *.

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Graduate School of Information Science and Technology, The University of Osaka Research Plan

	Reception No.	*	Examinee's No.	*
		Preferred major		
Name		Name of preferred	d	
		supervisor		
Preferred research	arch contents (Enter specifically.)		•	

(Note) (1) Please leave blank in the fields with *.

(2) Regarding the preferred course name, please refer to the Information Science and Technology website.

URL: https://www.ist.osaka-u.ac.jp/

Dispatch Slip

Address is where applicant wishes to receive correspondence.

Notification of success and admission procedure will be sent to this address.

A 11			
Address			
Postal Code			
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Name			
Preferred Major			
Examinee's Numb	er *		
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(Note) Please leave blank in the fields with *.