

## Graduate School of Medicine, The University of Osaka Doctor Course Application Form for 2026 October admission

- Please type or print clearly.
- This form must be completed in English and in block letters.
- Numbers should be in Arabic numerals.
- Proper nouns should be written in full, not abbreviated.

ID NUMBER (FOR OFFICE USE ONLY)

Name of applicant			
	(Family name)	(First name)	(Middle name)
English name (Block capitals)			
Pronunciation of name (Japanese KATAKANA) *Write if applicable			
Date of birth (DD/MM/YYYY)	Gender		Nationality
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

CONTACT INFORMATION *This information is important for the admission process.	
Present address	
Phone number	E-mail address

Entrance qualifications *Fill in either of the below		
For Medical School Graduates		
Name of medical school attended	Program	Date of (expected) graduation (DD/MM/YYYY)
	<input type="checkbox"/> 6-year <input type="checkbox"/> 5-year	
For Master's Degree Holders or Other		
Name of graduate school/institution attended	Date of (expected) completion (DD/MM/YYYY)	

Laboratory choice *Please refer to <i>Laboratory List</i>	
Indicate your preference for the laboratory in which you would like to carry out the research for your PhD thesis.	
Name of laboratory	Name of professor

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### Educational background

Write a list, in order from elementary school to the last school you attended.

	Name of institution  (Country)	Period of attended  (e.g. Sep 2008- Aug 2012)	Duration of Attendances  (Years and Months)	Diploma or Degree awarded
Elementary Education Elementary School				
Secondary Education Lower Secondary School				
Upper Secondary School High School				
Higher Education Undergraduate Level				
Graduate Level				

### Employment History

Name of company/organization	Country	Period of employment (e.g. Sep 2008- Aug 2012)

Note: list your complete educational and employment history, without omission.

## 2026 October Admission Examination Slip

ID NUMBER (FOR OFFICE USE ONLY)			Photograph (Paste here)  Taken within the last 3 months  Width 3.5 cm Height 4.5 cm
Name in KATAKANA			
Name in English			
Laboratory choice			
Name of Laboratory	Name of Professor		
NOTE *Successful applicants will need this slip during the admission process, so please keep it in a safe place.			

Graduate School of Medicine Doctoral Course, The University of Osaka

-----DO NOT Cut Off-----

## 2026 October Admission Photo Sheet

ID NUMBER (FOR OFFICE USE ONLY)			Photograph (Paste here)  Taken within the last 3 months  Width 3.5 cm Height 4.5 cm
Name in KATAKANA			
Name in English			
Laboratory choice			
Name of Laboratory	Name of Professor		

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### Statement of Purpose

Name of Applicants	
Please write 400 words or so about your motivation and aspirations for study in Graduate School of Medicine, The University of Osaka	