

Examinee's Number	
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For Application Qualification Nos. (9) (10) (11) (12)

Preliminary Eligibility Screening Form for Application Qualification for
Admission to the Graduate School of Economics Master's Course

Year/Month/Day

To the Dean of Graduate School of Economics, Osaka University

Name		Male Female
Date of Birth	Year/Month/Day	
Nationality		

I hereby submit my preliminary eligibility screening form along with other related documents for application qualification for Admission to the Graduate School of Economics Master's Course, Osaka University.

Application Qualification	Please check the application guidelines [2. Application Qualifications] and choose the number of the applicable item (9) (10) (11) (12)	
Desired Department	Department: Economics	Course: Economics Course
Academic Background (Please refer to "Important note")	Name of Elementary School	Enrollment Year/Month/Day
	Name of Elementary School	Graduation Year/Month/Day
	Name of Junior High School	Enrollment Year/Month/Day
	Name of Junior High School	Graduation Year/Month/Day
	Name of High School	Enrollment Year/Month/Day
	Name of High School	Graduation Year/Month/Day
	Name of University (Undergraduate Level)	Enrollment Year/Month/Day
	Name of University (Undergraduate Level)	Graduation Year/Month/Day
	Name of University (Graduate Level)	Enrollment Year/Month/Day
	Faculty	Research Area
Record of Employment	Name of Employer	Period of Employment (year and month)
	Name of Employer	Period of Employment (year and month)
	Name of Employer	Period of Employment (year and month)
	Name of Employer	Period of Employment (year and month)
Please provide additional information if you have any record of awards or qualifications.		
Current Address	Postal Code _____ Phone Number: _____ Cell Phone Number: _____ E-mail: _____	
Permanent Address	Postal Code _____ Phone Number: _____	
*For applicants living overseas, please write address in your home country		
Important Note Please fill in every academic background including a name of elementary school.		