

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, The University of Osaka

Name		<input type="checkbox"/> Male <input type="checkbox"/> 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, The University of Osaka.

Application Qualification	Please check the application guidelines [2. Application Qualifications] and choose the number of the applicable item (9) (10) (11) (12)	
Desired Course	<input type="checkbox"/> Economics (Theoretical and Empirical Economics)	<input type="checkbox"/> Economics (Economic and Business History)
Academic Record (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 ____ / ____ / ____
	Department	Course
	Name of University (Undergraduate Level)	Graduation Year/Month/Day ____ / ____ / ____
	Department	Course
	Name of University (Graduate Level)	Enrollment Year/Month/Day ____ / ____ / ____
	Department	Course
Name of University (Graduate Level)	Completed Year/Month/Day ____ / ____ / ____	
Department	Course	
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.		