

Graduate School of Science
Osaka City University
Enrollment April 2020 (International Course)

Letter of Conditional Acceptance

Name of applicant: _____

(first)

(middle)

(family)

I will accept you as a student if you pass the entrance examination.

Date: _____

Laboratory of _____,

Division of _____,

Graduate School of Science,

Osaka City University

Name: _____

Signature: _____