Form3-2

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| Application for Degree Conferral (Doctoral Course) | | |
|  | Date: yyyy/mm/dd  　Osaka Metropolitan University President  Graduate School of Science  Department:  Name:  I am applying for the award of the degree of Doctor of Science in accordance with the provisions of Article 5, Paragraph 2 of the Degree Regulations of Osaka Metropolitan University. |  |
| Note;  ・Make sure to check your name carefully before submitting as your diploma will be created using the notation in the application documents.  ・This application form must be used by those who have completed the doctoral program and are applying for the award of a doctoral degree. | | |

　（A4）