## Letter of Conditional Acceptance

for enrollment in April or October 2026

Name of appl	icant:
I will accept yo January 2026.	ou as a student if you pass the entrance examination in
	Date:
	Graduate School of Science,
	The University of Osaka
	Department/Institute/Center
	Academic Advisor
	Name:
	(Please print)
	Leader of Research Group
	Name:
	(Please print)
	Signature: