

Certificato No:
Grade Given
_____ Dan
_____ Kyu

# APPLICATION FOR DAN-KYU GRADING EXAMINATIONS

**AIKIKAI**  
**Aikido World Headquarters**  
 17-18 Wakamatsu-cho  
 Shinjuku-ku, Tokyo

Rank Applied for
_____ Dan
_____ Kyu

Attendance after Present Rank Obtained
_____ Days

Please print or type	Aikikai Membership No.	Date of Aikikai Registration (day) (month) (year)		
	First Name:	Surname:	Date of Birth (day) (month) (year)	
	(Katakana)			Sex M. F.
Address:		Nationality:		
Occupation:		Name of Dojo:		
Present Rank _____ _____ Dan _____ Kyu	Where and When Present Rank Obtained  Place:	Method (circle one):	by Examination  by Recommendation	
Date of Upcoming Examination (day) (month) (year)		Examiner's Signature:		
Remarks:				

I hereby make my application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## NSTRUCTIONS:

1. Fill in all the relevant blanks within the heavy boxes and sign where indicated.
3. Soon after the examination, a list of successful applicants will be posted.  
promotion at the office and receive your certificate. Failure to do so may result in the cancellation of the grading.

2. Please show your membership card when applying.

If your name appears on the list, you must register your

Examination Fee	
Registration Fee	