

Kokikai Grading Application Form

Candidate:

Rank Requested: _____ Kyu or Dan (circle one) Date for test: ____ / ____ / ____

Location for test: _____

Name: _____ DOB: ____ / ____ / ____ Age: _____ Sex: _____

Present address: _____ Telephone: (____) _____

Candidate History:

Date joined Kokikai: _____ Registration No: _____

Name of the dojo your previous grading was taken: _____ Date of last grading: _____

Type of club: (Circle one) Dojo / University / Athletic

Dojo Affiliation: _____ Current Rank: _____

Instructors Name: _____

Fee due with this application (in advance):

Fee amount: _____

Instructor's Signature: _____ Date: ____ / ____ / ____

Organisational use only:

Recommendations: _____

Review Decision: _____

Date tested: _____ Testor: _____

(Circle one) PASS FAIL DEFER Re-test Date: / /