

Shodan / Nidan / Sandan Application

Please TYPE your information, as opposed to completing by hand, to prevent spelling errors due to legibility.

Personal Information

First Name:

Middle Name or Initial:

Last Name:

Sex: (circle one) Male • Female

Date of Birth: |_|_| |_|_| |_|_|_|_|

(Day) (Month) (Year)

Home / Mailing Address:

City / State / Zip Code:

Country:

Nationality:

Home Phone:

Work Phone:

E-mail:

Occupation:

Rank Applying For

Rank Applied For: (circle one) 1 Dan • 2 Dan • 3 Dan

Dan Date of Exam: |_|_| |_|_| |_|_|_|_|

(Day) (Month) (Year)

Training Days After Previous Promotion: |_|_|_|_|

Note: Do Not Enter the Number of Years. The minimum requirement for each rank must be recorded. It is the Dojo Cho's responsibility to accurately record the requisite days.

Dojo Name:

Previous Rank Pre-exam Rank: (circle one) 1 Kyu • 1 Dan • 2 Dan

Date on Previous Rank Certificate: |_|_| |_|_| |_|_|_|_|

(Day) (Month) (Year)

Dojo Where Obtained:

Aikikai Membership Information (Nidan and Sandan ONLY)

Aikikai Membership Number:

Note: This information is listed in the yudansha book.

Date of Registration: |_|_| |_|_| |_|_|_|_|_|

(Day) (Month) (Year)

Dan Candidates with Non-Aikikai Rank ONLY

List on a separate, attached sheet a detailed history of your Aikido rank and experience.

New Dan Candidates with Existing Aikikai Rank ONLY

International Aikido Federation Number:

Shodan Certificate Number:

Shodan Certificate Date: |_|_| |_|_| |_|_|_|_|_|

(Day) (Month) (Year)

Nidan Certificate Number:

Nidan Certificate Date: |_|_| |_|_| |_|_|_|_|_|

(Day) (Month) (Year)

Approval

By signing below, we certify that we have witnessed and approved the applicant's examination for the above rank.

Examiner: Rank: Dan

Examiner: Rank: Dan

Examiner: Rank: Dan

Examiner: Rank: Dan