REQUEST FOR IOGKF DAN REGISTRATION

I hereby respectfully request that, upon successful completion of my grading, my rank be registered in the "Central Dan Register" of the IOGKF.

Place your **PHOTO** in this box.

Note: You cannot be graded without a photo.

PRINT CLEARLY OR TYPE

GRADING DATE ____/____/____
dd / mm / yyyy

YOUR NAME IN KATAKANA OR IN JAPANESE SYLLABLES

PERSONAL INFORMATION

NAME_____ HOME TELEPHONE ____-____-____
First Name Family Name Country Code City Code Number

E-MAIL_____ MALE / FEMALE *(Please circle)*

HOME ADDRESS_____

_____

AGE_____ DATE OF BIRTH____/____/____ NATIONALITY_____
dd / mm / yyyy

TRAINING RECORD

No. Of years in Goju-Ryu	Total years in Karate	# Training hours per week	Present rank

DOJO NAME _____ SENSEI'S NAME_____

DOJO ADDRESS_____ DOJO COUNTRY_____

IOGKF GRADING HISTORY – (please fill in using this format **dd/mm/yyyy**)

Shodan	Nidan	Sandan	Yondan	Godan	Rokudan

IOGKF NATIONAL/INTERNATIONAL GASSHUKU RECORD

*Record only those **since your last** grading*

Date (dd/mm/yyyy)					
Location					

To be completed by your Sensei:

Recommended rank _____

Has candidate previously failed this grading? Yes / No *(Circle One)*

Written Exam score: ____% (sandan and below)
Yondan and up, please submit the written essay with this form.
(Essay must be in English for international gradings)

Signature of candidate's Chief Instructor:

_____

To be Filled Out by Examiner

Grading Fee Paid: $_____

Registration Fee Paid $_____

Date of Grading ____/____/____
dd /mm/yyyy

Results: Pass / Fail *(Circle One)*

Rank Awarded: _____

Examiner's Signature:_____

Rev.10/2013