



# Dan Recommendation

AYF Aikido Yoshinkai Foundation

~To be completed by Recommending Instructor, all fields must be completed~

Photo

(Must have)

Please Print in Block Letters

Applicant's Name	Given Names	Family Name			Office use only
Katakana <i>(Leave blank if unknown)</i>					
Home Address					
	Tel	Fax			
Email Address					
Date of Birth (y/m/d)	/ /	Sex M / F	Dojo		
Recommended Dan Level					

## Yoshinkan Aikido History

Level	Date (Y/M/D)	Examining Instructor	Level	Date (Y/M/D)	Examining Instructor
Started			1 <sup>st</sup> kyu		
8 <sup>th</sup> kyu			1 <sup>st</sup> dan		
7 <sup>th</sup> kyu			2 <sup>nd</sup> dan		
6 <sup>th</sup> kyu			3 <sup>rd</sup> dan		
5 <sup>th</sup> kyu			*4 <sup>th</sup> dan		
4 <sup>th</sup> kyu			*5 <sup>th</sup> dan		
3 <sup>rd</sup> kyu			*6 <sup>th</sup> dan		
2 <sup>nd</sup> kyu			*7 <sup>th</sup> dan		

\* All gradings over 3<sup>rd</sup> Dan must be preauthorized by Soke before the grading.

## RECOMMENDATION

I, \_\_\_\_\_ (\_\_\_\_ dan), recommend the above,

(recommending instructor)

\_\_\_\_\_, be awarded the level of \_\_\_\_ dan.

(applicant's name)

Examination Date:

Year

Month

Day

If special consideration was given, please explain the reasons for your recommendation with an accompanying letter.

Recommending Instructor's Signature: \_\_\_\_\_

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

Dojo: \_\_\_\_\_