



# Aikido Shinryukan

## New Zealand Aikikai Headquarters

P.O. Box 11-241 Ellerslie, Auckland  
Phone: (09) 379 3777 Fax: (09) 358 3383

### Application for Kyu Grading Examination

Please PRINT clearly

|  |           |  |  |
|--|-----------|--|--|
| Family name:   |           | Given name(s):   |  |
| Date of birth:<br>.....<br>day / month / year        | ** M ** F | Nationality:   |  |
| Address:   |           |  |  |
| Occupation:  |           | Dojo location:   |  |
| Applying for: ..... Kyu                              |           | Current Grade: .....Kyu  |  |
| Where did you obtain your current grade?             |           | When did you obtain your current grade?<br>.....<br>day / month / year |  |
| Date of upcoming exam<br>.....<br>day / month / year |           | Today's date<br>.....<br>day / month / year                            |  |
| I hereby make my application (applicant's signature) |           | I hereby recommend examination (instructor's signature)                |  |
| Office use only:                                     |           |  |  |
| Grade given:   |           | Examiner's signature   |  |



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