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-*since your* ***last grading-only 5***

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: $_____

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

Results: Pass / Fail *(Circle One)*

Rank Awarded: _____

Examiner's Signature:_____

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