



Aiki Kai  
(Australia)



The Sugano  
Foundation

# AIKI KAI AUSTRALIA KYU GRADING APPLICATION

(Please use **BLOCK** letters)

Membership No: \_\_\_\_\_ Financial:  Yes  No \_\_\_\_\_  
 State or Territory

Name : \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

Grade applied for: \_\_\_\_\_ Kyu Present grade: \_\_\_\_\_ Kyu Date of last grading: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Grading fee paid: \$** \_\_\_\_\_

ATTENDANCE (EACH DOJO MUST CERTIFY THE NUMBER OF DAYS TRAINED)

Dojo: \_\_\_\_\_ Days trained: \_\_\_\_\_ Instructor: \_\_\_\_\_

Dojo: \_\_\_\_\_ Days trained: \_\_\_\_\_ Instructor: \_\_\_\_\_

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Dojo: \_\_\_\_\_ Days trained: \_\_\_\_\_ Instructor: \_\_\_\_\_

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### To be completed by Recommending Instructor

Total training days since last grading: \_\_\_\_\_ (This total includes any days below)

Special courses attended since last grading: Summer / Winter Schools: \_\_\_\_\_ TTC: \_\_\_\_\_ Other: \_\_\_\_\_

I am satisfied that this student has met all prerequisites and is properly prepared to test for the

grade of: \_\_\_\_\_ Kyu

I hereby recommend the above person

Name: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Rank: \_\_\_\_\_ Dan

**Please attach any medical or other notes to the grading panel to the this form**

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### To be completed by Grading Panel Chairperson

Result: Pass  Re-present  Chair of grading panel - Name: \_\_\_\_\_ Dan

Signature of Chairperson:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_