

USAF | United States Aikido Federation



Application for Kyu Examination:

For in-dojo use for Kyu applicants.

Date of test(Month/Day/Year): _____

USAF Membership#: _____ (leave blank for 6th kyu test)

Name(last): _____ (first): _____ (middle): _____

Age: _____ Place of birth: _____ Occupation: _____

Date you started Aikido(Month/Year): _____ Dojo: _____

Kyu rank that you are testing for: _____ Days practiced since last test: _____

Instructor's name: _____ Your current rank: _____

Date awarded: _____ Awarded by(Examiner's name): _____

At an examination held at: _____

Applicant's signature: _____

Instructor's signature: _____

I approve this application for consideration by the Examination Committee

To be completed by applicants for Nikyu and Ikkyu:

List places and dates of seminars since last exam.

Seminar: _____ Date: _____

For official use

Promotion by: Examination _ or Recommendation _ Disposition: Pass _ Fail _

By(Examiner's name): _____ On(Month/Day/Year): _____

At(Location of Examination): _____

Approved by: (For the USAF Examination Committee): _____ Date: _____