

Application For Shodan

To be completed by Student

Name		Date	
Mailing Address			
Phone		Postal Code	
DOB		Sex	
Pass Book #		Email	
Club		Instructor	
Present Rank		Previous Style Studied	
Date of Enrolment		Date of Last Grading	
Training Schedule			
Average # hour/week		Average # months/year	
Teaching Schedule			
Average # hour/week		Average # months/year	
Disabilities			
Checklist		Date(s)	
2- Black Belt Clinics	required		
1 Tournament	required		
Pre grading	highly recommended		

Use separate sheet to answer the following:

What benefits have you achieved through Wado-Kai Karate?

To be completed by Instructor

Instructor's Name		Phone	
Club name/location			
Instructor's Sensei		Teaching Certificate #	
Present Rank		Date of Last Grading	
Re: Student	Below is regarding black belt applicant's information		
Training Schedule			
Average # hour/week		Average # months/year	
Teaching Schedule			
Average # hour/week		Average # months/year	
Disabilities			

Use separate sheet to answer the following:

Why are you recommending this student for advancement?

What do you feel this student has to offer the SWKKF? (To be completed only if over minimum time)

*Application and payment must be complete and received 1 month prior to grading to be eligible for grading

For Office Purpose Only

Date Received	
Information & Payment Received	