



Shindo Grading Application

Grading To: Shodan: Nidan: Sandan: Yodan: Godan:

Application Date			
TO BE COMPLETED BY APPLICANT			
First Name		Last Name	
Address			
City		Province	
Postal Code		Phone No	
Birth date		Gender	
Email			
Passbook Number			

Present Shindo Rank		Present Karate Rank <i>(if applicable)</i>	
Last Shindo Grading Date		Last Karate Grading Date <i>(if applicable)</i>	
Club		Primary Instructor	
Date of Enrolment in Shindo		Other Martial Arts <i>(if applicable)</i>	

Shindo Training Schedule			
Average # hour/week		Average # months/year	

Shindo Teaching Schedule			
Average # hour/week		Average # months/year	

Disabilities/Injuries <i>(Please list if applicable)</i>			
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Application and payment must be complete and received **1 month prior to grading** to be eligible for grading. Late applications will not be accepted as per Senate decision Dec. 2012.



Shindo Grading Application

First Name		Last Name	
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Shindo Gradings	Date Graded	Instructor
Basic		
Intermediate		
Advanced		
Shodan		
Nidan		
Sandan		
Yodan		
Godan		

Shindo Ranks from Sensei Shintani (if applicable)		
Please itemize any Shindo Ranks you received from Sensei. The rank on those certificates will be honored. This grading application is for your next advancement in rank in Shindo (ie. Sensei graded to "Nidan" – next eligible rank is "Sandán").		
Shindo Rank Awarded		
Date Graded		
* Grading Organization		
Certificate Number		
* i.e. "Shindo Federation of North America", "World Congress of Shintani Shindo", etc.		

What benefits have you achieved through Shindo training?
<i>(Use separate sheet if necessary)</i>

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Shindo Grading Application

TO BE COMPLETED BY INSTRUCTOR

Applicant First Name		Applicant Last Name	
Applicant Present Shindo Rank		Applicant Present Karate Rank <i>(if applicable)</i>	
Applicant Last Shindo Grading Date		Applicant Last Karate Grading Date <i>(if applicable)</i>	
Applicant Club		Applicant Primary Instructor	

Applicant Shindo Training Schedule

Average # hour/week		Average # months/year	
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Applicant Shindo Teaching Schedule

Average # hour/week		Average # months/year	
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INSTRUCTOR INFORMATION

Instructor First Name		Instructor Last Name	
Instructor Phone No		Instructor Sensei	
Present Shindo Rank		Present Karate Rank	
Last Shindo Grading Date		Last Karate Grading Date	
Teaching Certificate No			

Why are you recommending this student for advancement?

(Use separate sheet if necessary)

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