



# Shindo Grading Application

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

Application Date			
<b>TO BE COMPLETED BY APPLICANT</b>			
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>	

<b>Shindo Training Schedule</b>			
Average # hour/week		Average # months/year	

<b>Shindo Teaching Schedule</b>			
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		

<b>Shindo Ranks from Sensei Shintani (if applicable)</b>		
Please itemize any Shindo Ranks you received from Sensei. The rank on those certificates will be honored. This grading application is for your <b>next advancement</b> 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.		

<b>What benefits have you achieved through Shindo training?</b>
<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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