

**APPLICATION FOR KODOKAN RANK
PLEASE TYPE OR PRINT CLEARLY**

NAME:

Last

First

Middle

E-Mail _____ Phone () _____

MALE _____ FEMALE _____ AGE _____ Date of Judo Entry _____

Recommended Kodokan Rank to _____ Dan

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Nationality: _____ Occupation _____

Highest Education Received: _____

FOR SHO DAN

U.S. SHO DAN received from USJF _____ USJI _____ USJA _____ Date _____
OTHER _____

FOR NI DAN & HIGHER

Present U.S. rank: _____ USJF _____ USJI _____ USJA _____ Date _____

Present KODOKAN Rank: _____ Dan Date _____

**ATTACH COPIES OF PRESENT U.S. RANK & KODOKAN RANK CERTIFICATES
TO THIS APPLICATION.**

Dojo: _____ City: _____ State _____

Name of Instructor: _____ Rank: _____

Favorite Waza: _____

Hours of weekly practice: _____

Kata Studied: _____

History of Judo activities: _____

Shiai Records (Non-Competitors. You must submit shiai records before you became a non-competitor.)

Date	Name of Shiai	Opponent Name	Rank	Result
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List accomplishments, awards, or championships won:

This application submitted by:

Individual _____

Instructor _____

State Org. _____

Yudanshakai _____

USJF _____

USJI _____

USJA _____

Submitted by: _____

PRINT NAME

_____ **Date** _____

SIGNATURE