



Official CKF Grading Application Form

Please Print or Type Incomplete and/or illegible applications
may be rejected without notice

Examination for: ___ Kendo ___ Iaido ___ Jodo

___ Western Grading Committee

Applying for: ___ 1st Kyu OR ___ Dan

___ Eastern Grading Committee

___ Central Grading Committee

Examination Date ____/____/____

Application Date: ____/____/____

Location of Exam _____

Applicant Information:

Last Name _____

First Name _____

Middle Name _____

Name of Club _____

Date of Birth mm/dd/yy ____/____/____

Address _____

Home Phone () _____

Work Phone () _____

City: _____ Prov _____

Fax Number () _____

Post Code _____

Email _____

Current Rank

Obtained by CKF: _____ Kyu _____ Dan Date of Certificate: ____/____/____

If current KYU or DAN was not obtained from the CKF a copy of the current KYU or DAN certificate must accompany this form. Only certificates issued by affiliates of the International Kendo Federation (FIK) will be accepted.

My signature below indicates that all of the information provided above is true and accurate.

Applicant's Signature _____ Date: ____/____/____

Applicant Reference:

I, _____ (Head Instructor or Club President), hereby approve and therefore recommend the applicant named above to apply for grading to the rank applied for above.

Signature: _____ Date: _____