

Wado-Ryu Karate-Do Academy Dan Grading Application



Must be completed in FULL and in BLOCK CAPITALS

This form must be handed in two days before the Dan Grade examination you are taking

| Full Name | | | Age |
|---|--------------|--|-----|
| Dan grade you are attempting | Date of exam | | |
| Wado Academy Membership Number | Expiry Date | | |
| Name of your Instructor | Grade | | |
| Do you have permission from your Instructor to take this Exam YES NO | | | |
| Name and location of your Club | Country | | |
| Date of your last successful Grading | Grade | | |
| Have you attempted this Grade before YES NO Date | | | |
| How many times have you attempted this Grade | | | |
| If you have been unsuccessful attempting this Grade how many points have you amassed since your last attempt | | | |
| What is the minimum number of Grading Point needed for this Grade | | | |
| How many Grading Points have you amassed since your last successful grading | | | |
| Declaration: I certify that to the best of my knowledge the forgoing details are correct, and I understand that if I am successful any Dan Grade Certificates, I receive remains the property of the Wado Academy, and must be returned, if asked to do so. | | | |
| Signature | Date | | |
| If under 18 years old Parent/Guardian Signature | Date | | |
| For Officials use only | | | |
| Result Successful Unsuccessful U | | | |
| Dan Grading Panel Members Signature | Date | | |
| Dan Grading Panel Members Name | | | |
| | | | |

Wado Academy form WA 14

