

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

Date Applied: _____

LAST		FIRST		MIDDLE
NAME:				
E-MAIL:			PHONE:	
MALE	FEMALE	AGE	Date of Judo Entry:	
Recommended Kodokan Rank to:				
Address:				
City:			State:	Zip:
Date of Birth:		Nationality:		Occupation:
Highest Education Received:				

FOR SHO DAN

US Shodan Received from	USJF	USJI	USJA	Date
OTHER:				

FOR NI DAN & HIGHER

Present U.S. Rank:	USJF	USJI	USJA	Date:
Present KODOKAN Rank:				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:		

Committee use only:

Application Fees/Criteria Met/Notify Applicant/KDK Cert Fees/App sent to KDK/Result
/ / / / /

Competition (Shiai) Records – Since receiving present Kodokan rank

Date	Name of Shiai	Opponent Name	Rank	Result

Total Points (for example if you are Shodan total points since receiving Shodan.)

Non-Competitors – records of any previous Shiai before being non-competitor

Date	Name of Shiai	Opponent Name	Rank	Result

List accomplishments, awards, or championships won:

- 1.
- 2.
- 3.
- 4.

This application submitted by:

State Organization

Instructor

Yudanshakai

USA Judo _____

USJF _____

USJA _____

Submitted by: _____

Name of Applicant

Signature

Submitted to the Kodokan by:

U.S. Kodokan Committee Member

Signature