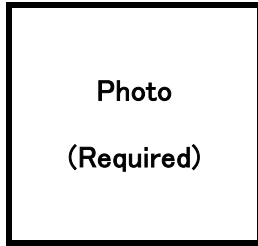




Dan Recommendation

AYF - Aikido Yoshinkai Foundation

-To be completed by recommending instructor. All fields must be completed.



*Please print neatly

Applicant's name	First name	Family name
Name in カタカナ・ひらがな・漢字 (if known)		
Home address	Mailing address (if different from home address)	
Tel	Tel	
Email address		Nationality
Date of birth (YY/MM/DD)	Sex M / F	Dojo
Recommended dan level		

Yoshinkan Aikido History

Level	Date (YY/MM/DD)	Examining Instructor	Level	Date (YY/MM/DD)	Examining Instructor
Started			1st kyu		
8th kyu			1st dan		
7th kyu			2nd dan		
6th kyu			3rd dan		
5th kyu			*4th dan		
4th kyu			*5th dan		
3rd kyu			*6th dan		
2nd kyu			*7th dan		

RECOMMENDATION

I, _____ (recommending instructor), (_____ dan), recommend the above,

_____ (applicant's name), be awarded the level of _____ dan.

Examination date:	Year	Month	Day
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If special consideration was given, please explain the reasons for your recommendation with an accompanying letter.

Recommending instructor's signature:

Dojo name:

Date: