KYOSEIKAN DOJO, KYU TEST APPLICATION

I hereby apply to take the promotion test for the rank of_____Kyu.

Submit Testing Fee with Application ($40.)

NAME: _____ TEST DATE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (HM): _____ DATE OF BIRTH: _____

Your present rank is _____ Kyu, and was obtained on _____/_____/_____.

Applicant's Signature: _____Date: _____

Exam Notes

_____

_____

_____

_____

_____

_____

_____

Newsletter Article ☐ Zazen ☐

SPACE BELOW THIS LINE FOR OFFICE USE ONLY

Testing Fee Paid	Date
Cash ☐	
Check ☐	

Test Result: ☐ **PASS**

☐ **PROBATION**

Certificate issued: _____ Kyu

Date Issued: _____

Examiner's Signature: _____ Date:_____