

# AIKIDO ASSOCIATION OF NORTH AMERICA KYU TESTING APPLICATION

[NOTE: please use black or blue ink to complete this application]

Name: (please print) \_\_\_\_\_

Testing for which rank?

Date of test:  
(day/month/year)

Please verify that you have met the pre-requisites for the kyu that applies to your test. **By circling, you have reviewed and verified that pre-requisites have been met.**

9<sup>th</sup> – 7<sup>th</sup> Kyu: positive attitude toward regular training; participate in dojo events

3<sup>rd</sup> Kyu: Same as 9<sup>th</sup> – 7<sup>th</sup>, PLUS taken 2 workshops in the current year, AND taken 2 clinics in the current year, AND 3 Gakushu courses over the past 2 years (3<sup>rd</sup> can be in progress)

6<sup>th</sup> Kyu: Same as 9<sup>th</sup> – 7<sup>th</sup>, PLUS taken 1 workshop or clinic in the current year

2<sup>nd</sup> Kyu: Same as 9<sup>th</sup> – 7<sup>th</sup>, PLUS taken 2 workshops in the current year, AND taken 2 clinics in the current year, AND 3 Gakushu courses over the past 2 years

5<sup>th</sup> Kyu: Same as 9<sup>th</sup> – 7<sup>th</sup>, PLUS taken 1 workshop in the current year, AND taken 1 clinic in the current year, AND 1 Gakushu course in the over the past year (can be in progress)

1<sup>st</sup> Kyu: Same as 9<sup>th</sup> – 7<sup>th</sup>, PLUS taken 2 workshops in the current year, AND taken 2 clinics in the current year, AND 4 Gakushu courses over the past year (4<sup>th</sup> can be in progress)

4<sup>th</sup> Kyu: Same as 9<sup>th</sup> – 7<sup>th</sup>, PLUS taken 1 workshop in the current year, AND taken 1 clinic in the current year, AND 2 Gakushu courses over the past year (2<sup>nd</sup> course can be in progress)

List the dates for Gakushu courses, clinics, and/or workshops below.

Testing partner's name: \_\_\_\_\_

Aikido start date: (month/year) \_\_\_\_\_

Date of last test passed: (month/ year) \_\_\_\_\_

Gakushu classes (specify month/yr for all): \_\_\_\_\_

Clinics (specify month/yr for all): \_\_\_\_\_

Workshops (specify month/yr for all): \_\_\_\_\_

Test fee (\$): \_\_\_\_\_

Dues paid/ up to date?  Yes  No

Check No. \_\_\_\_\_

Or Cash? (please enclose) \_\_\_\_\_

Please make all checks payable to "AANA"

Mailing address: Aikido Association of North America (AANA), 5836 Henry Avenue, Philadelphia PA 19128