



# USJA Recommendation for Promotion

For Kyu and Dan Ranks in Aikido

APRIL 1, 2006

All previous or undated forms are obsolete and should not be used!

USJA National Headquarters, 21 North Union Blvd., Colorado Springs, CO 80909. Telephone: (719) 633-7750 Fax: (719) 633-4041

## Section 1 Information and Instructions

- Promotion fees are \$15 for 6 - 4th kyu, \$25 for 4th - 1st kyu, \$100 for shodan, \$125 for nidan, \$150 for sandan, \$175 for yodan, \$200 for godan, \$225 for rokudan, \$275 for shichidan, \$325 for hachidan, \$375 for kudan, and \$425 for judan.
- All candidates for promotion must have achieved the required time-in-grade and technical requirements for their next promotion in accordance with the USJA Aikido Rank System.
- Please make sure that the applicant is a current member of the USJA. If not, please include fee for annual or Life Membership.
- Please make checks or money orders payable to "USJA," and mail to the above address.

## Section 2 Information on Applicant

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (First) (Middle or Initial) (Last)

Address: \_\_\_\_\_  
 (Number and Street) (City) (State) (Zip)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Present Rank: \_\_\_\_\_

Daytime Telephone: ( \_\_\_\_\_ ) Evening Telephone: ( \_\_\_\_\_ )

Club Name: \_\_\_\_\_

Club Sensei's Name and Address: \_\_\_\_\_

Date You Started Aikido: \_\_\_\_\_

## Section 3 Promotions and Fees

Current Aikido Rank and Date \_\_\_\_\_ Promote to \_\_\_\_\_ Fee \$ \_\_\_\_\_

**For all Life Members - You must become a Sustaining Life Member**  
**(minimum donation of \$25 per year) to receive free insurance** \$ \_\_\_\_\_  
**Total \$** \_\_\_\_\_

## Section 4 Time-in grade Requirements

### Class (Kyu) Ranks

Promotion to: Required Time-in-grade

6th Class.....	5 Months
5th Class .....	5 Months
4th Class .....	6 Months
3rd Class .....	6 Months
2nd Class .....	8 Months
1st Class .....	.8 Months

*Time-in-grade exceptions will be considered for outstanding performers.*

**Note: You must complete section 5 (other side) to be promoted!**

### Black Belt (Dan) Ranks

Promotion to: Minimum Required Time-in-grade

1st Degree .....	9 Months
2nd Degree.....	1 Year
3rd Degree .....	2 Years
4th Degree .....	3 Years
5th Degree .....	4 Years
6th Degree .approved by USJA.Aikido.Board...	5 Years
7th Degree .approved by USJA.Aikido.Board...	7 Years
8th Degree .approved by USJA.Aikido.Board...	8 Years
9th Degree approved by USJA.Aikido.Board...	9 Years
10 <sup>th</sup> Degree approved by USJA.Aikido.Board...	10 Years
(9 <sup>th</sup> & 10 <sup>th</sup> will be ratified by USJA Board of Directors.)	

**Section 5 Aikido History - Must be completed for all Promotions**

Class (Kyu) Ranks		Black Belt (Dan) Ranks	
Rank	Dates	Rank	Dates
Date Started		Date of 1st Black Belt →	
Date of 6th Class Rank →		Date of 2nd Black Belt →	
Date of 5th Class Rank →		Date of 3rd Black Belt →	
Date of 4th Class Rank →		Date of 4th Black Belt →	
Date of 3rd Class Rank →		Date of 5th Black Belt →	
Date of 2nd Class Rank →		Date of 6th Black Belt →	
Date of 1st Class Rank →		Date of 7th Black Belt →	
		Date of 8th Black Belt →	
		Date of 9th Black Belt →	

**Section 6 Special Achievements**

**Note:** In this section, the recommending official should briefly list any special achievements the applicant has accomplished since his or her last promotion. This may include area or national staff work, public relations and demonstrations, hosting of events, etc. Continue on a blank sheet of paper as necessary, and attach supporting documents.

**Section 7 Certification of Sensei and Examiner**

I certify that this USJA member has passed the USJA Aikido promotion exam for:

Aikido Rank of \_\_\_\_\_

\_\_\_\_\_  
Signature of Club Sensei

\_\_\_\_\_  
Certified Examiner (if required)

\_\_\_\_\_  
Printed Name and Rank of Club Sensei

\_\_\_\_\_  
Printed Name and Rank of Certified Examiner

\_\_\_\_\_  
Date Recommended:

\_\_\_\_\_  
Date Recommended:

Return Certificate to:  Club Coach     Individual    Promotion Fee Enclosed (Separate Check): \$ \_\_\_\_\_  
 Club Secretary    Life Membership Donation Enclosed (Separate Check): \$ \_\_\_\_\_  
Total Enclosed: \$ \_\_\_\_\_

Please charge my :  Visa     Master Card     Discover    Card Number: \_\_\_\_\_

Name as it appears on card (printed): \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_