

The American Judo & Jujitsu Federation

of the United States of America
Incorporated 1958

Candidate Name: _____

Shodan 1

Name: _____ Date of Promotion: _____

I was (Sensei / Sempai) for this student.

Sensei Name: _____

Sensei Signature: _____

Shodan 2

Name: _____ Date of Promotion: _____

I was (Sensei / Sempai) for this student.

Sensei Name: _____

Sensei Signature: _____

Shodan 3

Name: _____ Date of Promotion: _____

I was (Sensei / Sempai) for this student.

Sensei Name: _____

Sensei Signature: _____

Directions:

Candidate should complete and submit this form at least 30 days prior to scheduled Yodan examination.

All shodans listed above should have passed their examinations prior to submission of this form.

For each shodan promotion, please list the individual's name and date of AJJF shodan examination.

Indicate (circle) whether you were the sensei of record (on their exam application) or assisted the individual.

If you were Sempai for the individual, please indicate the individual's sensei of record and have that sensei sign the following line. If you were the sensei, leave blank.

Completed form should be submitted with Yodan exam application to the Examinations Committee Chair.