



British Columbia
RANKING EXAMINATION FORM

Examination Date: _____

Location: _____

Student Name: _____

Student Age: _____

Present Rank: _____

Date Received: _____

Training Time: _____ years, _____ months

Dojo Name: _____

Instructor's Signature: _____

KIHON

KATA

KUMITE

Results

Passed to the rank of _____ *kyu/dan* Retest: _____ Fail: _____

Examiner's Signature: _____