



Kwanmukan Application for Dan Curriculum

www.kwanmukan.us

National Office: Kwanmukan 1550 Ritchie Road Stow, Ohio 44224 email: kwanmukan@kwanmukan.us



Rank under consideration for: _____ Martial Art Requested: _____

Personal Information:

Name: _____ Email Address: _____

Address: _____ Birth date: _____ Sex: ___ Age: _____

City: _____ State: _____ Zip: _____ Phone: _____

Education:

High School Diploma _____ BA _____ BS _____ MA _____ MS _____ PhD _____ Other: _____

Martial Arts School where last rank was received: _____

Date Received: _____ Address of School _____

Martial Arts Resume:

Age at Inception of Training: _____ Date Training Began: _____

Present Instructor: _____ Place: _____

Current Rank: _____ Date Received: _____ Style: _____

Time in Grade Since Last Promotion: _____

Promotion History in Martial Art Requested (Please attach copy of last certificate received if not from the Kwanmukan):

Dan Rank	Date	Martial Art/Style	Instructor
1 st Dan			
2 nd Dan			
3 rd Dan			
4 th Dan			
5 th Dan			
6 th Dan			
7 th Dan			
8 th Dan			
9 th Dan			

Please List References and attach a signed copy of the appropriate Obligation.

Name: _____ eMail: _____

Name: _____ eMail: _____

Name: _____ eMail: _____

PERSONAL CERTIFICATION

Under penalty of expulsion from the Kwanmukan, I hereby certify that the above facts are a true and accurate presentation of my karate history and background I fully understand that I can be expelled and have any certification or recognition given to me withdrawn in the event of misrepresentation or fraud

Signature: _____ Date: ___ / ___ / _____

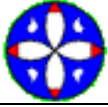
Please return to the Kwanmukan. All information must be completed.

Kwanmukan Foundation

Kwanmukan@gmail.com

1550 Ritchie Road

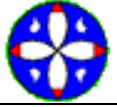
Stow, Ohio 44224 USA



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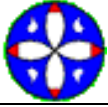
Background Information

KATA PRACTICED BY PETITIONER		KATA PRACTICED BY PETITIONER

TEACHING EXPERIENCE		
PLACE	Years	Position/Title

SEMINARS AND CLINICS		
NAME	Position	Location

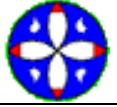
OFFICIATING AND JUDGING EXPERIENCE		
TOURNAMENT	Number of participants	Location



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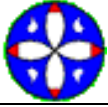
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COMPETITION RECORD		
TOURNAMENT	Place	Location
ORGANIZATIONAL ACTIVITY		
ORGANIZATION	No of Years	Position

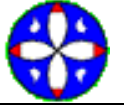
CERTIFICATIONS HELD (IN AND OUTSIDE THE MARTIAL ARTS)		
NAME OF CERTIFICATION	Current?	Update required? and if so, when?



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Requested Curriculum Plan

Please outline your requested curriculum plan. Please indicate any part of it that you believe you have fulfilled. Only items since last promotion can be requested to be accepted.

Please outline those things you believe you need to accomplish for your next promotion. Also indicate how the requested curriculum benefits the Kwanmukan.	Accomplishments Since Last Promotion Yes/No

Training Committee

Please list any individuals you would like on your training committee.
