

Shintaido of America Graduate Application

Instructor Sponsorship (to be completed by Instructor)

Instructor Name: _____

Title: _____

Region: _____

I hereby recommend _____ to be a Shintaido of America Graduate.

I have evaluated the applicant's progress and feel that he/she has completed the Shintaido core curriculum and should be given the title of Graduate.

Signature: _____

Date: _____

Applicant (to be completed by applicant)

Name: _____

Address: (Street / City / St / Zip): _____

Date of Birth: _____

Years of Study: _____

Region: _____

I wish to be appointed as a Graduate of Shintaido of America. I understand that as a Graduate, I am eligible to attend advanced workshops and wear the white hakama. I also understand that as a Graduate, I represent the ideals and values expressed by Shintaido of America.

Signature: _____

Date: _____

Approvals

Regional Technical Director: _____

Chair, National Instructor's Council: _____