

US TAEKWONDO


ACADEMY

826 E. FREMONT AVE #B SUNNYVALE, CA 94087 (408)-739-5511
<http://www.ustasv.com>

BLACK BELT TEST

Testing Application PASS _____ FAIL _____ MAKE UP _____

(Please print all information clearly)

BELT SIZE: _____
 PRESENT RANK : _____ REQUESTED RANK: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

DATE OF BIRTH: ____ / ____ / ____ PHONE: (____) ____ - ____

I am currently a student of U.S. Taekwondo Academy and hereby submit my application with the approval of my instructor. I understand that this test does not guarantee my promotion and I shall respectfully accept the examiner's opinion of my performance. (Approval of this application is reflects attendance, participation, and acquisition of skill)

Student's Signature: _____ Date of application: ____ / ____ / ____

Do not write below this line. For office use only.

Date of Test: ____ / ____ / ____ Time: _____ Testing Fee:\$ _____ Please return this application no later than: ____ / ____ / ____

\$20 LATE CHARGE AFTER ABOVE DATE

Checked by: _____

Cleared to test: YES NO

Stances: Ready – Horse – Walking – Front Back - Tiger	A	B	C	D	F
Punching Technique	A	B	C	D	F
Hand Technique	A	B	C	D	F
Kicking Technique	A	B	C	D	F
Special Technique	A	B	C	D	F
Highest Form	A	B	C	D	F
One Step Sparring	A	B	C	D	F
Free Sparring	A	B	C	D	F
Breaking Technique	A	B	C	D	F
Questions	A	B	C	D	F
Ki Yap and Power	A	B	C	D	F
Attitude	A	B	C	D	F
Fitness	A	B	C	D	F
Breathing Control and Stamina	A	B	C	D	F
Knowledge of the 7 Home Rules	A	B	C	D	F

*Please come 15 minutes before your test starts. Return this form with your test fee.

Comments: _____

Signature: _____