



Request for Examination

Present Belt Color _____ Size _____

Exam for: Color _____ Gup / Dan _____

Chief Instructor *Hien Pham*

Date: / /

Print Name:		DOB: / /		Age:	
Address:		City:		State:	
Phone:		Email:		Signature	
ASKA #:		Student #:		Test fee \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash	

O = Outstanding S = Satisfactory N = Needs Improvement U = Unsatisfactory

FORMS																			
O S N U					O S N U														
<input type="checkbox"/>	10	Basic- Tension	(Yellow)							<input type="checkbox"/>	4	Chun- Gun	(Red)						
<input type="checkbox"/>	9	Ch'on- Ji	(Yellow H)							<input type="checkbox"/>	3	Toi- Gye	(Brown)						
<input type="checkbox"/>	8	Tan- Gun	(Orange)							<input type="checkbox"/>	2	Hwa- Rang	(Brown H)						
<input type="checkbox"/>	7	To- San	(Purple)							<input type="checkbox"/>	1 st	Chun- Mu	(1 st Dan)						
<input type="checkbox"/>	6	Won- Hyo	(Green)							<input type="checkbox"/>	2 nd	Kwan- Gae	(2 nd Dan)						
<input type="checkbox"/>	5	Yul- Kok	(Blue)							<input type="checkbox"/>	2 nd	Po- Eun	(2 nd Dan)						
BASIC TECHNIQUES, In-Place, Step-up/thru, & Double Step										<input type="checkbox"/>	2 nd	Ge-Beak	(2 nd Dan)						
<input type="checkbox"/>		Thrusts								<input type="checkbox"/>	3 rd	Yoo- Sin	(3 rd Dan)						
<input type="checkbox"/>		Blocks								<input type="checkbox"/>	3 rd	Se-Jong	(3 rd Dan)						
<input type="checkbox"/>		Kicks								<input type="checkbox"/>	3 rd	Ui-Ji	(3 rd Dan)						
<input type="checkbox"/>		Stances								<input type="checkbox"/>	4 th	Sam- Il, Choi-Yong,							
PRE-ARRANGED SPARRING TECHNIQUES										<input type="checkbox"/>	4 th	Ko-Dang							
<input type="checkbox"/>		3-Step								COMMENTS									
<input type="checkbox"/>		2-Step								Reaction Force									
<input type="checkbox"/>		1-Step Kick								Coordination									
<input type="checkbox"/>		1-Step Punch								Range									
<input type="checkbox"/>		Jump Kicks								Distance									
SELF DEFENSE TECHNIQUES										Balance									
<input type="checkbox"/>		Grabs and Releases								Posture									
<input type="checkbox"/>		Gun, Knives and Ground control								Flexibility									
<input type="checkbox"/>		Take Downs (kicks, punch, knife, gun)								Extension									
SPARRING TECHNIQUES										Definition									
<input type="checkbox"/>		1 on 1								Rest									
<input type="checkbox"/>		2 on 1 and 3 on 1								Fold									
BREAKING										Hip									
<input type="checkbox"/>	Boards	Hands								Shoulder									
		Feet								Foot Position									
<input type="checkbox"/>	Bricks	Hands								Tight Fist									
		Feet								Set									
<input type="checkbox"/> Approved <input type="checkbox"/> Retest										Focus									
<p style="text-align: center;">President</p>										Accuracy									
RETEST: <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i>										Eye Focus									
										Timing									
										Power									
										Speed									
										Endurance									

Remember !!!!

*"It is not how long you have been training that counts
but how honestly you have been training that matters"*