

# BROWN BELT TO HIGH BROWN BELT

## Exam Form

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Belt Size: \_\_\_\_\_ FMA Location: \_\_\_\_\_

I recognize that belts and certificates (if applicable) are awarded only when specific standards of performance are met. In the event that I may not perform to the satisfaction of the testing official(s), promotion may be delayed until further progress has been demonstrated. If I do not achieve the desired degree, I may retest for that degree on the next promotion test date. I recognize that promotion standards are uniform and that each belt degree reflects a specific level of competence.

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

<p><b>Kicking Combination:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">1</th> <th style="width: 10%; text-align: center;">2</th> <th style="width: 10%; text-align: center;">3</th> </tr> </thead> <tbody> <tr> <td>Kicking Combination #1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Kicking Combination #2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="font-size: small;">1 = Excellent 2= Good 3= Needs Work</p>		1	2	3	Kicking Combination #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kicking Combination #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Punch Defense &amp; Breaking Combination:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">1</th> <th style="width: 10%; text-align: center;">2</th> <th style="width: 10%; text-align: center;">3</th> </tr> </thead> <tbody> <tr> <td>Punch Defense</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Breaking Combination</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="font-size: small;">1 = Excellent 2= Good 3= Needs Work</p>		1	2	3	Punch Defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3																						
Kicking Combination #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Kicking Combination #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	1	2	3																						
Punch Defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Breaking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<p><b>Form 1:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">1</th> <th style="width: 10%; text-align: center;">2</th> <th style="width: 10%; text-align: center;">3</th> </tr> </thead> <tbody> <tr> <td>Punch Defense Combination Form 1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="font-size: small;">1 = Excellent 2= Good 3= Needs Work</p>		1	2	3	Punch Defense Combination Form 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Breaking:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">1</th> <th style="width: 10%; text-align: center;">2</th> <th style="width: 10%; text-align: center;">3</th> </tr> </thead> <tbody> <tr> <td>Rolling Spin Kick</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="font-size: small;">1 = Excellent 2= Good 3= Needs Work</p>		1	2	3	Rolling Spin Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	1	2	3																						
Punch Defense Combination Form 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	1	2	3																						
Rolling Spin Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<p><b>Tenet of Hapkido:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">1</th> <th style="width: 10%; text-align: center;">2</th> <th style="width: 10%; text-align: center;">3</th> </tr> </thead> <tbody> <tr> <td>Leadership</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="font-size: small;">1 = Excellent 2= Good 3= Needs Work</p>		1	2	3	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Question/Answer:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">1</th> <th style="width: 10%; text-align: center;">2</th> <th style="width: 10%; text-align: center;">3</th> </tr> </thead> <tbody> <tr> <td>Positive Attitude</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Shows Respect</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Overall</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="font-size: small;">1 = Excellent 2= Good 3= Needs Work</p>		1	2	3	Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall			
	1	2	3																						
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	1	2	3																						
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Shows Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Overall																									

\_\_\_\_\_ Pass

\_\_\_\_\_ Please take this exam again at a later date

\_\_\_\_\_  
Official's Signature

# BROWN BELT TO HIGH BROWN BELT

## Exam Request Form

---

---

Student's Name: \_\_\_\_\_

Start date: \_\_\_ / \_\_\_ / \_\_\_    Today's date: \_\_\_ / \_\_\_ / \_\_\_    Exam date: \_\_\_ / \_\_\_ / \_\_\_

Your goal to take your Black Belt exam on: \_\_\_ / \_\_\_ / \_\_\_

Please list 3 areas that you have improved in since starting our program:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Please list 3 areas that you would like to make improvements on:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Please list 3 actions you need to take to create improvements in these areas:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**The following is a list of special services that we offer.  
Please check the appropriate ones so we can send you more information about them:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Private lessons   | <input type="checkbox"/> Black Belt Club | <input type="checkbox"/> Self defense seminars for women |
| <input type="checkbox"/> Adult classes   | <input type="checkbox"/> Family classes  | <input type="checkbox"/> Birthday parties                |
| <input type="checkbox"/> Please send me free gift certificates so I can share them with my friends and family. |  |  |

*Thank you for taking the time to fill out this form.*

Please be sure to sign and return this form one week prior to your High Brown Belt exam.

**Exam Fee: \$65.00\***

Check # \_\_\_\_\_     Cash     Credit Card

Please make check payable to **FMA**

\_\_\_\_\_  
Student's Signature

***This section to be filled out by FMA instructors only:***  
I approve this student to take the High Brown Belt exam.

\_\_\_\_\_  
Instructor:

**\*Exam fee subject to change without notice.**