

DEPUTY III BELT TO 1st Degree BLACK 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: _____

Kicking Combination:

	1	2	3
White - Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow - Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange - Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green - Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purple - Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown - Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBrown- Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red - Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HRed - Kicking Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 = Excellent 2= Good 3= Needs Work

One Step Sparring:

	1	2	3
Escape and Striking #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape and Counter #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grab defense #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear attack #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punch attacks #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throwing grab/punch #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination punch attack #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two hand grab defense #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking defense #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife defense #1...10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form:

	1	2	3
Abdominal "danjeon" breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falling techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back falling techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination breathing form 1 & 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punch defense form 1 & 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Reaction Drill:

	1	2	3
Throwing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punching Defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Tenet of Hapkido:

	1	2	3
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Breaking:

	1	2	3
Master's Choice (4 Boards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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_____ Pass
 _____ Please take this exam again at a later date

 Official's Signature

DEPUTY III BELT TO 1st Degree BLACK 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 1st Degree Black Belt exam.

Exam Fee: \$500.00*

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 1st Degree Black Belt exam.

Instructor:

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