

HIGH RED BELT TO DEPUTY I 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
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 = Excellent 2= Good 3= Needs Work			

Kicking Defense:	1	2	3
5 Striking Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Breaking Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 = Excellent 2= Good 3= Needs Work			

Form:	1	2	3
Advance Nak Beop Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 = Excellent 2= Good 3= Needs Work			

Breaking:	1	2	3
Punch And Spin Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 = Excellent 2= Good 3= Needs Work			

Tenet of HapKiDo:	1	2	3
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 = Excellent 2= Good 3= Needs Work			

Question/Answer:	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 = Excellent 2= Good 3= Needs Work			

_____ Pass

_____ Please take this exam again at a later date

Official's Signature

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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 Deputy I Belt exam.

Exam Fee: \$105.00*

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 Deputy I Belt exam.

Instructor:

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