

# DEPUTY I BELT TO DEPUTY II 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 that 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 or Parent's Signature: \_\_\_\_\_

### Kicking Combination:

	1	2	3
Kicking Combination Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination Green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination Purple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 = Excellent 2= Good 3= Needs Work

### One Step Sparring Techniques:

	1	2	3
1 Step Sparring Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Step Sparring Green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Step Sparring Purple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Step Sparring Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 = Excellent 2= Good 3= Needs Work

### Form:

	1	2	3
Taegeuk <b>IL</b> Jang Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taegeuk <b>YI</b> Jang Green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taegeuk <b>SAM</b> Jang Purple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taegeuk <b>SA</b> Jang Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Breaking: Masters Choice

	1	2	3
One Hand Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Kicking Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 = Excellent 2= Good 3= Needs Work

### Tenet of Taekwondo:

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

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### 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	<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 I BELT TO DEPUTY II 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 or your child has improved in since starting our program:

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

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

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

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

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

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

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

Please list 3 actions you or your child needs 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 child's Deputy II Belt exam.

**Exam Fee: \$105.00\***

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

Please make check payable to **FMA**

\_\_\_\_\_  
Student or Parent's Signature

***This section to be filled out by FMA instructors only:***

I approve this student to take the Deputy II Belt exam.

Instructor:

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