

GREEN BELT

TAEKWON-DO REQUIREMENTS

6TH GUP (GREEN BELT) test for 5TH GUP (BLUE STRIPE)

Name: (Please print First and Last)

Signature:

Age:

I hereby request to be tested for a higher rank and agree that the examiner shall be the only persons who are qualified to place me on the basis of my technique, knowledge of the art and attitude.

Date of completion:

ATTENDANCE

Attend a minimum of 32 Beginning level classes.

<input type="checkbox"/> 1: DATE _____	<input type="checkbox"/> 9: DATE _____	<input type="checkbox"/> 17: DATE _____	<input type="checkbox"/> 25: DATE _____
<input type="checkbox"/> 2: DATE _____	<input type="checkbox"/> 10: DATE _____	<input type="checkbox"/> 18: DATE _____	<input type="checkbox"/> 26: DATE _____
<input type="checkbox"/> 3: DATE _____	<input type="checkbox"/> 11: DATE _____	<input type="checkbox"/> 19: DATE _____	<input type="checkbox"/> 27: DATE _____
<input type="checkbox"/> 4: DATE _____	<input type="checkbox"/> 12: DATE _____	<input type="checkbox"/> 20: DATE _____	<input type="checkbox"/> 28: DATE _____
<input type="checkbox"/> 5: DATE _____	<input type="checkbox"/> 13: DATE _____	<input type="checkbox"/> 21: DATE _____	<input type="checkbox"/> 29: DATE _____
<input type="checkbox"/> 6: DATE _____	<input type="checkbox"/> 14: DATE _____	<input type="checkbox"/> 22: DATE _____	<input type="checkbox"/> 30: DATE _____
<input type="checkbox"/> 7: DATE _____	<input type="checkbox"/> 15: DATE _____	<input type="checkbox"/> 23: DATE _____	<input type="checkbox"/> 31: DATE _____
<input type="checkbox"/> 8: DATE _____	<input type="checkbox"/> 16: DATE _____	<input type="checkbox"/> 24: DATE _____	<input type="checkbox"/> 32: DATE _____

In addition to the above classes, the student must be able to demonstrate the following items with precision, balance and power. (Each section and attendance must be signed by an assistant instructor or instructor where appropriate.)

CITIZENSHIP (Social & Academic)

On going demonstration of good discipline:
COURTESY, INTEGRITY, PERSEVERANCE, SELF-CONTROL, INDOMITABLE SPIRIT

At home, school, and public (Including grade point average)

<input type="checkbox"/> COMPLETE _____ DATE:	Parent's Name: (If the student is under the age of 18): _____ Parent's Signature: _____
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In Studio

<input type="checkbox"/> COMPLETE _____ DATE:	Examiner's Name (Print Name): _____ Examiner's Signature: _____
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STANCES

- Close ready stance type A
- Fixed stance
- Bending ready stance type A

<input type="checkbox"/> COMPLETE _____ DATE:	Examiner's Name (Print Name): _____ Examiner's Signature: _____
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HAND TECHNIQUES

- Inward strike with the knife-hand
- Circular block with the inner forearm
- Guarding block with the outer forearm

<input type="checkbox"/> COMPLETE _____ DATE:	Examiner's Name (Print Name): _____ Examiner's Signature: _____
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