Resume for Black Belt Candidate

Date: / /

Name: _____ **Assoc. / Black Belt #** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Male** ☐ **Female** ☐

Studio Name: _____

Instructor Name: _____

Enrollment Date: _____

STUDENT PROMOTION RECORD:

GUP	DATE	GUP	DATE
10th White		3rd Brown	
9th White		2nd Red	
8th Orange		1st Red	
7th Orange		Cho Dan Bo	
6th Green		Cho Dan	
5th Green		E Dan	
4th Brown		Sam Dan	

REGIONAL CHAMPIONSHIPS, CLINICS, TESTING BOARDS ETCETERA:

Date	*Name/Location*

Applicant's signature: _____ Date: _____

Instructor's Signature: _____ Date: _____