Resume for Black Belt Candidate

Current Date: _____

Name:_____ **WTSDA Gup or Black Belt #** _____

Address: _____

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

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

Studio Name: _____ **Instructor Name:** _____

Date of last test: _____

STUDENT PROMOTION RECORD:

Rank	**Date you tested for**
Cho Dan Bo	
Cho Dan	
E Dan	
Sam Dan	

REGIONAL CHAMPIONSHIPS, CLINICS, TESTING BOARDS ETC:

Date	***Name/Location***
	Use additional pages if more room is needed

Applicant's signature: _____Date: _____

Instructor's Signature: _____Date: _____

Date	***Name/Location***
	Use additional pages if more room is needed