

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:** _____

Enrollment Date: _____

STUDENT PROMOTION RECORD:

GUP	TEST DATE	GUP	TEST 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 ETC:

<i>Date</i>	<i>Name/Location</i>
Use additional pages if more room is needed	

Applicant's signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____

<i>Date</i>	<i>Name/Location</i>
	Use additional pages if more room is needed