



Adult Exam Request Form

Exam fee: \$25.00

Testing Paper Must be Returned and Fee Paid 2 Weeks Before the Exam Date.

First name: _____ Last name: _____ Exam date: ____ / ____ / ____

Belt Rank You Are Testing For: _____ Belt size: _____

Please list 3 areas that you have improved in since you started in our program:

- 1.
- 2.
- 3.

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

- 1.
- 2.
- 3.

Please list 3 actions that you need to take to create improvements in these areas:

- 1.
- 2.
- 3.

Do you have any questions or concerns?

Student's signature: _____

This section to be filled out by instructor only:

I approve this student to take the _____ exam.

Belt Rank

Master Patrick Prager: _____