Purple Belt Graduation

NAME: _____ **D.O.B:** ____/_____/_____

**Sign and return this form, with Graduation Fee, NO LATER than 1 day prior to the ceremony.
Students must be <u>current on tuition payments</u> at time of Graduation, NO EXCEPTIONS.

Make Up Graduation :

Date: _____ Time: _____

Make up testing fee additional $25

Parent/ Self Evaluation:

	A	B	C	D
Respect				
Self Control				
Self Confidence				
Self Motivation				
Self Commitment				
Self Esteem				

Comments to Grand Master Cho:

_____
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Students Goal:

_____
_____
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_____

Students Bad Habit:

_____
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_____

Judges Evaluation:

Knowledge Requirements: PASS FAIL

I submit this application to the promotion Board of Bill Cho's United Taekwondo Center under World Taekwondo Federation:
Student/ Guardian Signature:_____ **Date: / /**

Please Make Checks Payable to: BILL CHO'S T.K.D

Graduation Fee: Basic Club $75 Black Belt Club $50

(Make-Up Graduation Fee: additional $ 25.00)