

application for the Kyu-/Dan-examinations of the WKU & GCO



Name of school:		
MAP:		
Name:		
First name:		
Date of birth:		
Nationality:		
Present degree:		
Licence since:		
Date of the last exam:		
Aimed degree:		
Martial art:		
Date of exam:		
Place of exam:		
WKU/GCO-passport with valid year's sight mark	essential seminars	
Fitness confirmed by a doctor	theory	
Signature of examinee		
to be filled by examiner only:		
Passed the exam faile	ed the exam	
Name/degree of the examiner:	signature:	
Name /degree of the examiner:	signature:	
Name/ degree of the examiner:	signature:	
Name/ degree of the examiner:	signature:	