

KUP GRADING FORM
 Chief Instructor – Master Mark Sales
 Tel: 07515967388

1. To be completed by the candidate in BLOCK CAPITALS:

Surname: Club Name:
 Forenames: Instructor's Name:
 Address: Date last Grade:
 Present Grade:
 Nationality:
 Post Code: Date of Birth:
 Tel: Age:
 Fee Paid:
 I agree to abide by the grading results. Signature:

2. To be completed by examiner:

Marks

(A) Kicks: Front Kick: Side Kick: Turning Kick: Back Kick:
 Hook Kick: Crescent: Axe Kick: Pushing:
 R-Turning: Jumping: 180deg: Other:

(B) Sparring: 1 Step: 1 to 1: Free Spar':

(C) Patterns: Taeguk 1: Taeguk 2: Taeguk 3: Taeguk 4:
 Taeguk 5: Taeguk 6: Taeguk 7: Taeguk 8:

(D) Destruction Front Kick: Side Kick: Turning Kick: Back Kick:
 R-Turning: Axe Kick: Jumping: Other:
 Punch Knifehand: R-Knifehand: Backfist:

(E) Examiner's Comments: (continue over if necessary)

Total Mark

Pass
Fail

Grade Awarded

Examiner's Name: Grade

Signature:

KUP

Date: