



# ISU MARTIAL ARTS PROGRAM

MASTER YONG CHIN PAK

## Promotion Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Rank \_\_\_\_\_

ISU Student or (list occupation): \_\_\_\_\_ Freshman, Sophomore, Junior, Senior, Grad  
Occupation \_\_\_\_\_ Classification (circle one)

Major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_ B.S., M.S., Ph.D.  
Degree (circle one)

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

ISU Karate Club ISU Hapkido Club ISU Judo Club  
Club Name (circle one) Rank Date Started

Date of last testing \_\_\_\_\_ Result \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Tournament Experience

Tournament Name \_\_\_\_\_ Date \_\_\_\_\_ Event/Division \_\_\_\_\_ Place \_\_\_\_\_

Tournament Name \_\_\_\_\_ Date \_\_\_\_\_ Event/Division \_\_\_\_\_ Place \_\_\_\_\_

### Teaching and Teaching Assistant Experience

Club or Employer \_\_\_\_\_ Dates \_\_\_\_\_ Rank and Age of Students \_\_\_\_\_

Club or Employer \_\_\_\_\_ Dates \_\_\_\_\_ Rank and Age of Students \_\_\_\_\_

### Promotion Conduction Experience

Promotion Location \_\_\_\_\_ Dates \_\_\_\_\_ Ranks Conducted \_\_\_\_\_

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### Clinics and Demonstration Experience

Clinic or Demonstration Location \_\_\_\_\_ Dates \_\_\_\_\_ Type of Clinic/Participation in Demonstration \_\_\_\_\_

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**Answer questions on page 2 of this application.**





**Why do you think that you should test?**

**What have you been doing since your last test?**

**What will you do if you pass?**

**What are the responsibilities of the rank that you are testing for?**

