



## GLOBAL TAEKWON-DO FEDERATION

6-2400 Dundas Street W., #404  
Mississauga, Ont. Canada. L5K 2R8  
email: infogtf@icloud.com

### DEGREE APPLICATION FORM

**Applicant:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
First Name Middle Name Last Name Male /Female

**Nationality:** \_\_\_\_\_ **Birthdate:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Degree Applying For:** \_\_\_\_\_ **Current Rank:** \_\_\_\_\_ **GTF Certificate No** \_\_\_\_\_

**Present address:** \_\_\_\_\_  
House number & Street City / Town Country Country Code

**Place of Birth:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
City / Town Country

**Height:** \_\_\_\_\_ cm/in **Weight:** \_\_\_\_\_ kg/lb

**Hair Colour:** \_\_\_\_\_ **Eye Colour:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mobile/Cell:** \_\_\_\_\_

**Months practiced since last grade:** \_\_\_\_\_

**Thesis to Headquarters** – (For 4th Degree & above) (hold for now)

**Personal signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
( Guardian if under 18 years of age )

**Photo**  
\*Attach one photo  
here.  
(High resolution)  
\*no computer printout

**Date of Grading:** \_\_\_\_\_ **Place of Grading:** \_\_\_\_\_  
Day / Month / Year City / Country

**Name of Instructor:** \_\_\_\_\_ **Degree:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name of Examiner:** \_\_\_\_\_ **Degree:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name of Association President / Authorized Deputy:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date Rec'd. GTF Headquarters:** \_\_\_\_\_

**Processed Date:** \_\_\_\_\_

**Cert.#** \_\_\_\_\_

