



GLOBAL TAEKWON-DO FEDERATION

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DEGREE APPLICATION FORM

DISPLAY NAME : _____

PRESENT ADDRESS: _____

Street No. and Name

City or Town

Province or State

Malaysia

Country

Zip Code

TELEPHONE: _____ FAX: _____ E-MAIL: _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
Day Month Year City and Country

NATIONALITY: Malaysian GENDER: Male
Same as in Passport Male or Female

HEIGHT: _____ cm/in WEIGHT: _____ kg/lb HAIR COLOUR: _____ EYES: _____

OCCUPATION: _____ EDUCATION: _____

NAME & ADDRESS
OF TAEKWON-DO
SCHOOL: _____

PRESENT DEGREE: _____

GTF CERT NO: _____

LAST TEST DATE: _____

DEGREE APPLYING FOR: _____ PERSONAL HISTORY & THESIS ATTACHED:
(for 3rd degree and above only)

Signature of Applicant

Guardian if under 18 years of age

Date

Instructor's Name

Degree

Signature

Date

Date of Grading: Day ____ Month ____ Year ____ Place of Grading: _____

Examiner's Name: _____ Degree: _____ Signature: _____ Date: _____

Assoc. President or Authorized Deputy: _____ Signature: _____ Date: _____