

KUKKIWON ASSIMILATION RECOMMENDATION FORM

NOTE: Write your Taekwondo experience /background and reason for applying,

NAME: _____

ADDRESS: _____

EMAIL: _____

WORK PHONE: _____ CELL PHONE: _____

PRESENT RANK & DAN #: _____ # _____

ISSUED BY (association): _____

ISSUED DATE: _____

TAEKWONDO RECORD		
YEAR	ACHIEVEMENT (A CAREER)	ETC

PROPOSED DAN: _____

(submit this form together with application & registration forms and copies of all existing dan certificates)

REASON OF RECOMMENDATION: _____

The above person meets certain criteria for assimilation that I can recommend them to promote to _____ Dan.

Recommended by (President, WTMU): _____

Signature: _____ Dan #: _____ Date: _____

CC: Approved by Kukkiwon ()
Not approved by Kukkiwon ()