



United States Soo Bahk Do Moo Duk Kwan Federation Inc.
P.O. Box 154 Springfield, New Jersey 07081 (973)-467-3971 Voice 973-467-5716 Fax

DAN SHIM SA INSTRUCTOR'S CANDIDATE RECOMMENDATION FORM

Name of Candidate you are recommending: _____

Date of Birth: ___/___/___ Male ___ Female ___

Dojang Name _____ Instructor _____

CANDIDATE'S STRONGEST AREA(S):

MOST IMPROVED AREA(S) ATTRIBUTED TO SOO BAHK DOSM TRAINING:

AREA(S) YOU FEEL CANDIDATE CAN STILL IMPROVE IN:

MEDICAL NOTE(S): (If Any)

OTHER COMMENT (S):

I respectfully request the Examiners give due consideration to these facts when evaluating this candidate's performance and I am recommending them to test for the rank of _____ at the Region _____ Dan Test scheduled for ___/___/___.

Instructor's Signature _____ Date ___/___/___