Ko Dan Ja Shim Sa | Candidate Pre-Evaluation Form |



Name:			
Dan Bon:	Age:	Birthdate:	
Current Rank:	Instructor:		
Pre-Eval Date:	Region:	Phone #:	
E-Mail Address:			

NA N		Dan Bon: Current Rank:			Age:		Birthdat	e:		
					Instructor:					
· ()	-/	Pre-Eval D	ate:		Region:		Phone	# :		
V. S. A		E-Mail Add	lress:							
		Pre-Evalua	tion Candi	date For (c	rcle all that apply): Sa	Dan Sa Bom	O Dan	Yuk Dan	Chil Dan	
Gi Cho	Did Not Complete	Needs to Improve	Meets	Exceeds		Ren	narks			
Soo Gi										
Jok Gi										
Hyung	Did Not Complete	Needs to Improve	Meets	Exceeds		Ren	narks			
Sip Soo										
Kong Sang Koon										
Chil Sung Sa Ro Hyung										
Po Wol										
Sei Shan										
Wang Shu										
Chil Sung O Ro Hyung										
Yang Pyun										
Ji On										
O Sip Sa Bo										
Chil Sung Yuk Ro Hyung										
Sal Chu										
Choong Ro										
Chil Sung Chil Ro Hyung										
Hwa Sun										
	Did Not	Needs to								
Partner Exercise	Complete	Improve	Meets	Exceeds		Ren	narks			
II Soo Sik										
Sam Soo Sik										
Ho Sin Sul										
Dan Do										
Bong										
Ja Yu Dae Ryun										
Jua Dae Ryun										
Wa Da Ryun										
Overall Performance	Did Not Complete	Needs to Improve	Meets	Exceeds		Ren	narks			
Weh Gung										
Neh Gung										
Shim Gung										
Authorized Examiner's F	Recommend	dation (circ	le one) :	Attend	KDJSS as a Candidate	Attend KDJSS as a	visitor	Further	Development Requ	uired
Examiner's Authorizatio	n									

Date Examiner Signature