

# Shield Gup Pre-Test Form

Today's Date: \_\_\_\_\_

## **Student Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

USCDKA ID #: \_\_\_\_\_

Current Gup #: \_\_\_\_\_

Belt Size (1-7): \_\_\_\_\_

Testing Fee: \$ 30.00 (Attached)

Received by: \_\_\_\_\_

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## **Instructor Use Only**

**Final Test Date:** \_\_\_\_\_

Pre-Test  
Instructor: \_\_\_\_\_

Final Test  
Instructor: \_\_\_\_\_

Pre-Test Score: \_\_\_\_\_

Final Test Score: \_\_\_\_\_

Portfolio Score: \_\_\_\_\_

Final Portfolio Score: \_\_\_\_\_