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## EXAM APPLICATION

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Date: \_\_\_\_\_

Fee: \_\_\_\_\_

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

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Present Rank: \_\_\_\_\_

Rank sought: \_\_\_\_\_

Signature \_\_\_\_\_

*(of parent if student is younger than 18)*

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*Official Use*

Approved Rank: \_\_\_\_\_

Paid: Cash \_\_\_\_\_

Check \_\_\_\_\_

Master Al-Atrash *(signature)* \_\_\_\_\_