



APPLICATION FORM FOR ASSESSMENT

NAME OF CANDIDATE*	
Assessment date:	
Assessment level:	
Last assessment date: (indicate if first/second, etc. attempt)	
Name of 1st recommending teacher	
Name of 2nd recommending teacher	
Practicing Iyengar yoga since:	
Date of beginning and end of teacher training or mentoring: Indicate if teachers' training course or mentoring (select proper)	
Visit in RIMYI: (required for Intermediate Junior III candidates)	
Required workshops (date, teacher's name and level):	
Required assists (date and assessment level – required for Intermediate level)	
Date and signature:	

**please insert in capitals*