



## **APPLICATION FORM FOR ASSESSMENT**

<b>NAME OF CANDIDATE*</b>	
<b>Assessment date:</b>	
<b>Assessment level:</b>	
<b>Last assessment date:</b> (indicate if first/second, etc. attempt )	
<b>Name of 1<sup>st</sup> recommending teacher</b> Indicate if teachers' training course or mentoring	
<b>Name of 2<sup>nd</sup> recommending teacher</b> Indicate if teachers' training course or mentoring	
<b>Practicing Iyengar yoga since:</b>	
<b>Visit in RIMYI:</b> (required for Intermediate Junior III candidates)	
Please describe <b>health issues</b> that influence your practice:	
<b>Required workshops</b> (date, teacher's name and level):	
<b>Date and signature:</b>	

*\*please insert in capitals*