

Cecchetti Society of Canada
2017 Examination Application
Individual Candidate Information - **MAJORS**

(Form A005)

Each individual candidate who is applying for a Major exam must fill out one of these forms. Please fill out this form completely.

CANDIDATE INFORMATION (please do <u>not</u> use your teachers contact information here)			
Mr/Ms/Mrs/Miss	First Name:	Last Name:	DOB:
Personal Mailing Address:			
City, Province:		Telephone:	Email:

TEACHER INFORMATION			
Teacher's name:	Phone Number:	Email:	Teachers Address: (to whom results will be mailed)
Teacher's Dance Studio:			

PARTICULARS OF EXAMINATION		
Studio Name where examination will be held:	City and Province:	Examination Date:

SYLLABUS TO BE EXAMINED: (Please indicate which exam you will be taking)	
CATEGORY A	CATEGORY B
<i>As a Dancer.</i>	<i>As a Dancer who will be expected to perform all the work to his or her individual ability, the Dancer will be expected to answer technical and artistic questions based on the content of the syllabus.</i>
<input type="checkbox"/> INTERMEDIATE (Category A)	<input type="checkbox"/> INTERMEDIATE (Category B)
<input type="checkbox"/> ADVANCED I (Category A)	<input type="checkbox"/> ADVANCED I (Category B)
<input type="checkbox"/> ADVANCED II (Category A)	<input type="checkbox"/> ADVANCED II (Category B)
<input type="checkbox"/>	<input type="checkbox"/> FAST-TRACKING INTER / ADV 1 (Category B)

PREVIOUS MAJOR EXAMINATIONS TAKEN IN THIS FACULTY: (including exams that were not awarded)			
EXAM (name and category)	DATE	EXAMINER	RESULT
Advanced II			
Advanced I			
Intermediate			
Other			

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PLEASE ANSWER THE FOLLOWING QUESTION:

1. Who has taught you during the last six months?

*(After completing this form, candidates should **not** receive instruction from any Examiner, other than those named above.)*

By signing this form you agree to the following:

Qualifying Examinations: When fee for exam has been paid prior to the 6-8 week deadline, candidate may request a 50% credit of examination fee, less deposit. Medical certificate along with a completed (P402) exam credit application form must be submitted in order to receive a credit. There are no refunds or credits provided after the 6 week deadline. Please refer to 4.4 Examination Fees.

When using credit the P402 form must be submitted with Exam Fee Summary. This applies to Qualifying examinations only.

The decision of the Examiner is final. Correspondence regarding examination results is not allowed between the Examiner or CSC Administration, and Members or Students.

I certify that the particulars on this application form are correct, and that I will observe the conditions and requirements published in the syllabus of this examination.

Permission for CSC to collect personal e-mails to send information regarding upcoming summer schools, workshops etc.

Date: _____ Signature of Candidate: _____

Teacher's Signature: (required) _____

Please send this form to:

**Susan Sheffield
Cecchetti Society of Canada
525 Lorne Street
Gravenhurst, ON P1P 1N1**

Application forms must be received at CSC Head Office a minimum of **6-8 weeks before** the start of exam tour, as part of your teachers complete application package.