

Cecchetti Society of Canada 2017 Examination Application

QUALIFYING - ASSOCIATE

Tour Number:	(Head Office)
Examination Dates:	

CANDIDATE DETAILS	
First name:	Last name:
Personal mailing address:	
City, Province:	Postal code:
Phone / Cell:	Email:
Birth date:	Age (must be 18 or older):

PREREQUISITES	
Related Subjects (Part 1) examination awarded (date):	
Have you taken an Associate examination before? If so, please provide:	
Date(s):	Examiners:

TEACHER / COACH INFORMATION	
(Teacher who is entering you, and to whom your results will be mailed) (Teacher must hold minimum of Licentiate to teach Associate candidate)	
Teacher's name:	
Teacher's mailing address:	
City, Province:	Postal code:
Phone:	Email:
By whom were you coached during the last 6 months? _____	
(After completing this form candidates should not receive instruction from any other than those named above.)	

EXAMINATION DETAILS	
Examination studio:	
City, province:	
Date of examination:	

Please list your previous Major and Related Subjects examinations:

MAJOR EXAMS <small>(Name & Category)</small>	DATE	EXAMINER	RESULT
Intermediate			
Advanced 1			
Related Subjects, Part 1			

Please continue on next page

**Cecchetti Society of Canada
2017 Examination Application**

(Form A007)

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Important information regarding your Associate examination application:

Candidates who cancel their examination before the closing date (6 weeks before exam) are entitled to a 50% refund of their examination fee (less deposit) in the form of a credit note which may be used for a future examination session. Deposits are non-refundable. A credit will only be granted to those cancellations accompanied by a medical certificate which has been approved by the Cecchetti Society of Canada. There will be no refund/credit if examination is cancelled after the closing date.

No correspondence concerning the result of the examination may be entered into. The decision made by the Examiners is final.

Deposits:

For examinations in:	Deadline for deposits and form A007:
Spring/Summer (March-June)	October 1
Fall/Winter (November – February)	May 1
<input type="checkbox"/> *A non-refundable deposit of \$150.00 is required in order to reserve your examination.	

Mail your deposit with this application form (A007) to:
Susan Sheffield
Canadian Examination Administrator
525 Lorne Street
Gravenhurst, ON P1P 1N1

Please remember to make a copy of this application for the teacher who is entering you for this examination.

Agreement:

In the event of my election to membership of the Society, I the undersigned agree that I will loyally adhere to the rules of the Society, advance its purposes, and attend its meetings as often as possible. Upon removal of my name from the Register of Members, through any cause whatsoever, I will pay all arrears that are due, and surrender the Certificate of Membership and any other property of the Society.

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.

Signature of Candidate: _____ Date: _____

Your teacher must sign this application to allow you to enter into this examination.

Teacher's Signature: _____ Date: _____
(must be Licentiate or higher)

Teacher's CSC Qualification: _____ Teacher's Membership #: _____