

**Cecchetti Society of Canada
2017 Examination Application**

(Form A010)

QUALIFYING – LICENTIATE

Tour Number:	(Head Office)
Examination Dates:	

CANDIDATE DETAILS	
First name:	Last name:
CSC Membership number:	
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	Age (must be 25 or older):

PREREQUISITES
Awarded Associate Diploma on (date):
Have you taken a Licentiate examination before? If so, please provide the date and the name of your Examiners at that time:

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

Please list your previous qualifying and major examinations taken in this faculty, including those that were unsuccessful.

QUALIFYING & MAJOR EXAMS (Name & Category)	DATE	EXAMINER	RESULT
Associate			
Associate Diploma			

MENTOR INFORMATION (Teacher who has been coaching you within the last 6 months)	
Teacher name:	
Teacher mailing address:	
City, Province:	Postal code:
Phone:	Email:

Please continue on next page

**Cecchetti Society of Canada
2017 Examination Application**

(Form A010)

QUALIFYING – LICENTIATE

TEACHING EXPERIENCE (Cecchetti Method, minimum five years)				
Name of Studio	No. of years Teaching	Full Time / Part Time	Dates of Examinations	Examiners

Procedures for submitting your Licentiate examination application:

A non-refundable deposit of \$150 for this examination along with application is required in order to reserve your examination.

Deposits:

For examinations in:	Deadline for deposits and form A010:
Spring/Summer (March – June)	October 1
Fall/Winter (November – February)	May 1
Summer School (end of July – August)	January 1

Steps for submitting final Qualifying Exam Package:

The following items must be received by CSC Head Office 6 weeks prior to start of exam tour, or if a Provincial Exam Coordinator is involved must be received by coordinator 8 weeks prior to start of tour.

Candidates for Licentiate must submit the following items with their application package:

1. Photocopies of three timetables with results for at least three previous examination sessions.
2. This application form (A010)
3. Balance of examination fees

Please mail the above items to:

**Susan Sheffield
Canadian Examination Administrator
525 Lorne Street
Gravenhurst, ON P1P 1N1**

Please continue on next page

**Cecchetti Society of Canada
2017 Examination Application**

(Form A010)

QUALIFYING - LICENTIATE

Candidates who cancel their examination before the closing date (6 weeks before exam) are entitled to 50% of their examination fee (less deposit) in the form of a credit which may be used for a future examination session. This will only be granted to those cancellations accompanied by a medical certificate which has been approved by the Head Office of 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.

Agreement:

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. Furthermore, I have read and accept the enclosed Code of Professional Conduct and Standards of Good Practice.

A CSC member may be entered by a teacher or by yourself. If you enter yourself please sign on both lines.

Signature of Member: _____ Date: _____

Print Teacher's Name: _____

Teacher's Signature: _____ Date: _____