

**Cecchetti Society of Canada
Examination Application**

(Form A015)

FAST-TRACKING ASSOCIATE / LICENTIATE

Tour Number:	(Head Office)
Examination Dates:	

CANDIDATE DETAILS	
First name:	Last name:
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	Age (must be 23 or older):

PREREQUISITES
Related Subjects (Part 1 & 2) examinations awarded or approved equivalent (dates):
Advanced I
Associate / Licentiate Assessment

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

TEACHER / MENTOR INFORMATION (Who has coached you in the last 6 months?)	
Mentor name:	
Mentor mailing address:	
City, Province:	Postal code:
Phone:	Email:

Important information regarding your combined Associate / Licentiate examination application:

The non-refundable deposit of \$150 for this examination must be mailed to the Cecchetti Society of Canada Head Office by October 1 for a spring/summer examination, or May 1 for a fall examination. Please mail the balance of exam fees along with the application form(s) for your examination session to the same address.

Candidates who cancel their examination after the closing date are entitled to a 50% refund of their examination fee in the form of a credit note 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.

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

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Deposits:

For examinations in:	Deadline for deposits and form A015:
Spring/Summer (March – June)	October 1
Fall/Winter (November – February)	May 1

A non-refundable deposit of \$150.00 is required in order to reserve your examination. Please mail your deposit with this application form (A015) to:

Susan Sheffield, Canadian Examination Administrator
Cecchetti Society of Canada
PO Box 540 Bala, ON P0C 1A0
Tel: 705-762-1991 Fax: 705-762-1991 office@cecchettisociety.ca

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.

Signature of Member: _____ Date: _____