CECCHETTI
CANADA
FONDÉE EN 1949

2024 Examination Application
Individual Candidate Information - MAJORS

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)

Gender	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		
As a Dancer.			*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.*		
INTERMEDIATE (Category A)	☐ M	☐ F	INTERMEDIATE (Category B)	☐ M	☐ F
ADVANCED I (Category A)	☐ M	☐ F	ADVANCED I (Category B)	☐ M	☐ F
ADVANCED II (Category A)	☐ M	☐ F	ADVANCED II (Category B)	☐ M	☐ F
			FAST-TRACKING INTER / ADV 1 (Category B)	☐ M	☐ F

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: If a Qualifying or Enrico Cecchetti Diploma examination cancellation is accompanied by a medical certificate, a credit of 50% of the examination fee (less deposit) shall be carried forward for a maximum of two years before forfeiture.

Medical certificate along with a completed (P402) exam credit application form must be submitted in order to receive a credit. When using a credit, the P402 form must be submitted with Exam Fee Summary. This applies to Qualifying and MEC Diploma examinations only.

The decision of the Examiner is final. Correspondence regarding examination results is not allowed between the Examiner or Cecchetti Canada 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 Cecchetti Canada 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 Canada
525 Lorne Street
Gravenhurst, ON P1P 1N1

Application forms must be received at Cecchetti Canada Head Office a <u>minimum</u> of **6-8 weeks before** the start of exam tour, as part of your teacher's complete application package.