

Cecchetti Canada Examination Application

RELATED SUBJECTS APPLICATION FORM

- Associate (Part 1)
 Associate Diploma (Part 2)

CANDIDATE DETAILS	
First name:	Last name:
CC Membership number:	
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	Age (must be 18 or older):

TEACHER / MENTOR INFORMATION (Teacher who is mentoring you)	
Teacher's name:	
Teacher's mailing address:	
City, Province:	Postal code:
Phone:	Email:

I would like to take my Related Subjects examination paper. Please send me the following:

- Related Subjects Part 1 examination** (prerequisite for Associate Qualification)
 Related Subjects Part 2 examination (prerequisite for Associate Diploma Qualification)

Have you written this examination before? **yes** **no**

Study Materials: Related Subjects Study Books 1 & 2 may be ordered through the Office. Please call CC Sales & Membership at 705-684-9991 for more information. If you are only taking the Related Subjects Part 2 examination, both books should still be studied.

Entry Fee:	\$150.00	Date Paid:	
Total Paid:		Cheque No:	

I enclose payment of \$150.00 payable to Cecchetti Canada. I understand that no correspondence concerning the result of this written test can be entered into, and the decision made by the Marker is final.

Date: _____ **Signature of Candidate:** _____

Please return this form with cheque (payable to Cecchetti Canada), credit card or money order to:

Susan Sheffield, Operations Manager/Examination Administrator
 525 Lorne Street, Gravenhurst, ON P1P 1N1