

## 2025 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 (minimum 18):

PREREQUISITES	
Related Subjects (Part 1) examination awarded (date):	
Completion of CC Advanced 1 Examination	
A minimum of 30 hours experience in assisting or teaching pre-ballet and ballet classes	
Have you taken an Associate examination before? If so, please provide:	
Date(s):	Examiners:

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

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

Please list your previous Major examinations:

MAJOR EXAMS <small>(Name &amp; Category)</small>	DATE	EXAMINER	RESULT
Intermediate			
Advanced 1			

Please continue on next page

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### Important information regarding your Associate examination application:

If a Qualifying or Enrico Cecchetti Diploma examination cancellation is accompanied by a medical certificate, a credit of 50% of the examination fee shall be carried forward for a maximum of two years before forfeiture. Deposits are non-refundable. A credit will only be granted to those cancellations accompanied by a medical certificate which has been approved by Cecchetti Canada.

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

- Associate & F/T Associate/Licentiate Exams** – when submitting your complete Exam package to Head Office 6 weeks prior to start of exam tour include a separate cheque or bank draft for membership fee payable to Cecchetti Canada in the amount of \$30. Upon successful completion of your examination your membership will be processed.

#### Deposits:

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

Mail your deposit (payable to Cecchetti Canada) with this application form (A007) to:

**Susan Sheffield, Operations Manager/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:

I the undersigned agree that I will loyally adhere to the rules of Cecchetti Canada, 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 Cecchetti Canada.

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.

I \_\_\_\_\_ of \_\_\_\_\_ School, verify that \_\_\_\_\_ has completed a minimum of 30 hours of assisting or teaching pre-ballet and ballet classes.

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

Teacher's CC Qualification:  
 \_\_\_\_\_