

## 2024 EXAMINATION APPLICATION

Tour Number:	(Head Office)
Examination Dates:	

### QUALIFYING - ASSOCIATE DIPLOMA

CANDIDATE DETAILS	
First name:	Last name:
CC Membership number:	
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	

PREREQUISITES
Related Subjects (Part 2) examination awarded (date):
CC Associate qualification
Completion of 3 years teaching the Cecchetti method. <b>List schools:</b>
_____
_____
Results of a minimum of 8 hours of examinations (attached)
Have you taken an Associate Diploma examination before? If so, please provide the date and the name of your Examiner at that time:

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

Please list your previous qualifying examinations taken, including those that were unsuccessful.

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

MENTOR INFORMATION (Mentored and entered by a CC Licentiate or Fellow member) (Teacher who has been coaching you within the last 6 months)	
Mentor name:	
Mentor mailing address:	
City, Province:	Postal code:
Phone:	Email:

Please continue on next page

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### QUALIFYING - ASSOCIATE DIPLOMA

**Important information regarding your Associate Diploma 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 Examiners is final.

**Deposits:**

For examinations in:	Deadline for deposits and form A008:
Spring/Summer (March-June)	October 1
Fall/Winter (November – February)	May 1
Summer School (late July – August)	January 1

A non-refundable deposit of \$150.00 is required in order to reserve your examination. Please mail your deposit with this application form (A008) to:

**Susan Sheffield**  
**Operations Manager/Examination Administrator**  
**525 Lorne Street**  
**Gravenhurst, ON P1P 1N1**  
**Tel: 705-684-9991 Fax: 705-684-9991 office@cecchetticanada.com**

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

**Must be mentored and entered by a CC Licentiate or Fellow member**

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

Print Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_