

**Cecchetti Canada  
2019 Examination Application**

(Form A008)

**QUALIFYING - ASSOCIATE DIPLOMA**

<b>Tour Number:</b>	(Head Office)
<b>Examination Dates:</b>	

CANDIDATE DETAILS	
First name:	Last name:
CC Membership number:	
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	Age (must be 21 or older):

PREREQUISITES
Related Subjects (Part 2) examination awarded (date):
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			
Related Subjects, Part 2			

MENTOR INFORMATION (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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**Important information regarding your Associate Diploma examination application:**

Candidates who cancel their examination before the closing date (6 weeks before exam) are entitled to a 50% refund of their examination fee (less deposit) in the form of a credit note which may be used for a future examination session. 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. There will be no refund/credit if examination is cancelled after the closing date.

No correspondence concerning the result of the examination may be entered into. The decision made by the Examiner 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  
Canadian Examination Administrator  
525 Lorne Street  
Gravenhurst, ON P1P 1N1  
Tel: 705-684-9991 Fax: 705-684-9991 [office@cecchetticanada.com](mailto:office@cecchetticanada.com)

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**Agreement:**

In the event of my election to membership of the Society, 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 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 enclosed Code of Professional Conduct and Standards of Good Practice.

**A CC member may be entered by a teacher or by yourself. If you enter yourself please sign on both lines.**

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

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

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

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

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