

**Cecchetti Canada**  
**2020 Assessment Application**

(Form A009)

**LICENTIATE ASSESSMENT**

Tour Number:	(Head Office)
Examination Dates:	

<b>CANDIDATE DETAILS</b>	
First name:	Last name:
Personal mailing address:	
City, Province:	Postal code:
Phone / Cell:	Email:
Birth date:	

<b>PREREQUISITES</b>
<ol style="list-style-type: none"><li>1. CC Advanced 2 qualification</li><li>2. Associate Diploma qualification</li><li>3. Completion of 5 years teaching the Cecchetti method with experience teaching at an Advanced 1 level</li><li>4. Results of a minimum of 12 hours of examinations entered after achieving Associate Diploma qualification</li></ol>

<b>TEACHER / COACH INFORMATION</b>	
(Teacher who is entering you, and to whom you results will be mailed)	
Teacher's name:	
Teacher's mailing address:	
City, Province:	Postal code:
Phone:	Email:
Other coaches during the last 6 months?	
(After completing this form candidates should not receive instruction from any examiner other than those named above.)	

<b>EXAMINATION DETAILS</b>
Examination studio:
City, Province:
Date of examination:

Please continue on next page

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**Important information regarding your Assessment 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. Partial refunds 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 assessment may be entered into. The decision made by the Examiner is final.

Mail this application form (A009) and results of a minimum of 12 hours of examinations 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](mailto:office@cecchetticanada.com)**

Please remember to make a copy of this application for the teacher who is entering you for this assessment.

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Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Teacher's Membership #: \_\_\_\_\_