

## 2024 EXAMINATION APPLICATION

Tour Number:	(Head Office)
Examination Dates:	

### QUALIFYING - FELLOWSHIP

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

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

PREQUISITE
<ul style="list-style-type: none"> <li>i. Licentiate qualification</li> <li>ii. Completion of Fellowship assessment</li> <li>iii. Knowledge of Diploma work</li> <li>iv. Completion of 8 years teaching the Cecchetti method</li> <li>v. Results of a minimum of 18 hours of examinations, including Majors, entered after achieving Licentiate</li> <li>vi. Acceptance of essay</li> </ul>

Please list your previous examinations taken in the method.

QUALIFYING & MAJOR EXAMS (Name & Category)	DATE	EXAMINER	RESULT
Licentiate			
M.E.C. Diploma (not a requirement)			

MENTOR INFORMATION (Teacher who has been coaching you within the last 6 months)	
Teacher name:	
Teacher mailing address:	
City, Province:	Postal code:
Phone:	Email:

Please continue on next page



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### QUALIFYING – FELLOWSHIP

#### Steps for submitting final Qualifying Exam Package:

The following items must be received by Cecchetti Canada Head Office **6 weeks** prior to start of exam tour, or if a Provincial Exam Coordinator is involved must be received by coordinator **8 weeks** prior to start of tour.

1. Photocopies of five timetables with results for at least five previous examination sessions.
2. This application form (A012)
3. Two copies of your fellowship essay
4. One copy of typed notes
5. The sheet music of one of your dances
6. Your choice of Diploma material
7. Balance of Examination fees

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.

#### 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 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: \_\_\_\_\_