

**Cecchetti Canada
2020 Examination Application**

(Form A014)

**FAST-TRACKING PD COMBINED INTERMEDIATE/ADVANCED 1
STAGE 1**

Tour Number:	(Head Office)
Examination Dates:	

CANDIDATE DETAILS	
Mr/Ms / First name:	Last name:
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	

PREREQUISITE
<ol style="list-style-type: none"> 1. Acceptance by the Board of Examiners: Date accepted: _____ 2. Mentored and entered by a CC Licentiate or Fellow member

TEACHER INFORMATION			
Teacher's name:	Telephone:	Email:	Teachers Address: (to whom results will be mailed)
Teacher's Dance Studio:			

PARTICULARS OF EXAMINATION		
Studio Name where examination will be held:	City and Province:	Examination Date:

MENTOR INFORMATION	
(Teacher who has been coaching you within the last 6 months) <i>(After completing this form, candidates should not receive instruction from any Examiner, other than mentor named below.)</i>	
Teacher name:	
Teacher mailing address:	
City, Province:	Postal code:
Phone:	Email:

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By signing this form you agree to the following:

Qualifying Examinations: When fee for exam has been paid prior to the 6-8 week deadline, candidate may request a 50% credit of examination fee, less deposit. Medical certificate along with a completed (P402) exam credit application form must be submitted in order to receive a credit. There are no refunds or credits provided after the 6 week deadline. Please refer to 4.4 Examination Fees.

When using a credit, the P402 form must be submitted with Exam Fee Summary. This applies to Qualifying examinations only.

The decision of the Examiner is final. Correspondence regarding examination results is not allowed between the Examiner or Cecchetti Canada Administration, and Members or Students.

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.

Permission for Cecchetti Canada to collect personal e-mails to send information regarding upcoming summer schools, workshops etc.

Candidate must be entered by a CC Licentiate or Fellow member.

Candidate Signature: _____

Date: _____

Print Teacher's Name: _____

Teacher's Signature: _____

Date: _____

Please send this form A014 to:

**Susan Sheffield
Operations Manager/Examination Administrator
525 Lorne Street
Gravenhurst, ON P1P 1N1**

Application forms must be received at Cecchetti Canada Head Office a minimum of **6-8 weeks before** the start of exam tour, as part of your teachers complete application package.