

**CecchettiCanada**  
**2023 ExaminationApplication**

(Form A014)

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

Tour Number:	(Head Office)
Examination Dates:	

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

<b>PREREQUISITE</b>
1. Acceptance by the Board of Examiners: Date accepted: _____
2. Mentored and entered by a CC Licentiate or Fellow member

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

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

<b>MENTOR INFORMATION</b>	
<i>(Teacher who has been coaching you within the last 6 months) (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:

**CecchettiCanada**  
**2023 ExaminationApplication**

(Form A014)

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

**By signing this form you agree to the following:**

**Major Examinations:** There will be no refund/credit if F/T Intermediate/Advanced 1 examination is cancelled after the closing date.

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.