

## 2025 EXAMINATION APPLICATION

### MAESTRO ENRICO CECCHETTI DIPLOMA

Tour Number:	(Head Office)
Examination Dates:	

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

EXAMINATION DETAILS
City, Province:
Preferred examination location and month:
Details to be arranged with the Canadian Examination Administrator

EXAMINATION	
	ENRICO CECCHETTI DIPLOMA
	ENRICO CECCHETTI DIPLOMA (Part A only)
	ENRICO CECCHETTI DIPLOMA (Part B only)

TEACHER INFORMATION TO WHOM RESULTS WILL BE MAILED	
Teacher's Name:	
Teacher's Mailing address:	
City, Province:	Postal code:
Phone:	Email:

OTHER TEACHERS WHO HAVE COACHED YOU IN THE PAST 6 MONTHS.

*(After completing this form, candidates should **not** receive instruction from any Examiner, other than those named above.)*

## 2025 EXAMINATION APPLICATION

### MAESTRO ENRICO CECCHETTI DIPLOMA

**Procedures for submitting your Diploma examination application:**

A non-refundable deposit of \$150 for this examination along with application is required in order to reserve your examination.

**Deposits:**

For examinations in:	Deadline for deposits and form A017:
Spring/Summer (March – June)	<b>October 1</b>
Fall/Winter (November – February)	<b>May 1</b>
Summer School (end of July – August)	<b>January 1</b>

Please mail your deposit with this application form (A017) to:

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

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.

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

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

**Non-members must be entered by a CC member.**

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

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

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

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

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