

Cecchetti Society of Canada 2009-10 Majors Application Form

CANDIDATE INFORMATION			
Mr/Ms/Mrs/Miss	First Name:	Last Name:	DOB:
Personal Mailing Address:			
City, Province:	Telephone:	Email:	

TEACHER / MENTOR INFORMATION			
Teacher's name:	Phone Number:	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:
FACULTY: CECCHETTI BALLET		

SYLLABUS TO BE EXAMINED: (Please indicate which exam you will be taking)	
CATEGORY A	CATEGORY B
<i>As a Dancer.</i>	<i>As a Dancer who will be expected to perform all the work to his or her individual ability. The Dancer will be expected to answer technical and artistic questions based on the content of the syllabus.</i>
<input type="checkbox"/> INTERMEDIATE (Category A)	<input type="checkbox"/> INTERMEDIATE (Category B)
<input type="checkbox"/> ADVANCED I (Category A)	<input type="checkbox"/> ADVANCED I (Category B)
<input type="checkbox"/> ADVANCED II (Category A)	<input type="checkbox"/> ADVANCED II (Category B)
<input type="checkbox"/>	<input type="checkbox"/> ENRICO CECCHETTI DIPLOMA (Part A)
<input type="checkbox"/>	<input type="checkbox"/> ENRICO CECCHETTI DIPLOMA (Part B)
<input type="checkbox"/> ENRICO CECCHETTI DIPLOMA (Part A & B combined)	

*The examination for the Enrico Cecchetti Diploma is in two parts, A & B, which may be taken separately or combined.

PREVIOUS MAJOR EXAMINATIONS TAKEN IN THIS FACULTY: (including exams that were not awarded)			
EXAM (name and category)	DATE	EXAMINER	RESULT

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PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you wish to be examined as a mature candidate ?
2. By whom were you trained?
3. Who has coached you during the last six months?

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

4. Are you already a member of the Imperial Society of Teachers of Dancing (ISTD)?
5. If so, please give your ISTD membership number from your current membership card:
6. To what Faculty or Faculties of ISTD do you belong?

Candidates who cancel their examination after the closing date for their applications will be entitled to 50% of their examination fee in the form of a credit note which may be used for future examination sessions. This will only be granted to those cancellations accompanied by a medical certificate which is approved by the Administration of the Cecchetti Society of Canada.

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

By signing this form you agree to the following:

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.

Date: _____ Signature of Candidate: _____
Teacher's Signature: (required) _____ Teacher's Membership #: _____

Please send this form to:

Cecchetti Society of Canada, Head Office, 148 Edgewood Drive North West, Calgary AB, T3A 2T5

Application forms are due a minimum of 6 weeks before your examination date, as part of your teachers complete application package.