

CANADIAN DANCE TEACHERS ASSOCIATION

L'ASSOCIATION CANADIENNE DES PROFESSEURS DE DANSE



MARIE JONES
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REQUEST FOR STUDENT EXAMINATIONS NATIONAL MULTICULTURAL

1. Teachers Name: _____ Membership # _____

2. Teachers Name: _____ Membership # _____

3. Teachers Name: _____ Membership # _____

Studio's Name: _____

Studio's Address: _____

Preferred Mailing Address: _____

Telephone: Home: _____ Studio: _____ Fax: _____

Email: _____

PREFERRED EXAMINATION DATES: _____

FIRST ALTERNATE EXAMINATION DATES: _____

SECOND ALTERNATIVE EXAMINATIONS DATES: _____

**** A request form must be submitted for each exam session requested****

The Examiners' schedule is very busy. In order to ensure examination dates, you must send this form back with preferred dates, and two sets of alternative dates. We will try our best to accommodate everyone's requests. Please send back to the examination secretary by **January 31st**.

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Teacher's Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____

Examiner: _____

Exam Dates Confirmed: _____