Northern Lights **Canadian National Conservatory of Music**
P.O. Box 583
Mount Forest, ON N0G 2L0
866-889-8807 registrar@cncm.ca

2011-2012 Examination Application

Office Use Only

Examination Venue Requested: EXAMINATIONS WILL BE SCHEDULED AT THIS VENUE OR A VENUE IN THE CLOSE PROXIMITY

Venue — Venue is subject to approval by CNCM

Street Address

City — Province — Postal Code

Examination Session: Winter ☐ Spring ☐ Summer ☐

Practical Deadline:	December 1, 2011	March 1, 2012	June 1, 2012
Theory Deadline:	December 1, 2011	March 1, 2012	June 1, 2012

Please contact the registrar office if you would like to host an exam session at a time not listed above.

Type of Examination: ☐ **Performance** ☐ **Workshop** ☐ General ☐ Theme
☐ **Musicianship** ☐ **Pedagogy** ☐ **Theory**

Examination Code: **Instrument** **Grade**

Subject (Theme Examination)

Student Information: Candidate number Birthday dd/mm/yy

Surname — First Name and Middle Initials — New Student ☐

Street Address

City

Province — Postal Code — Telephone — Fax

Email

Teacher Information: **NEW** ☐ **RETURNING** ☐ **New Address** ☐

Surname — First Name and Middle Initials

Street Address — City

Province — Postal Code — Telephone — Fax

E-mail Address

Note: Examination results, schedules and notices will be mailed to the TEACHER at the above address.

PAYMENT: **Full** payment by cheque or money order **must** accompany this application. TOTAL FEE ENCLOSED: *

The signatory agrees to ensure that all conditions, rules and regulations pertaining to the examination are followed.

Signature of Parent/Teacher: _____ Date: _____

* Please make cheque payable to: CNCM