



Northern Lights Canadian National Conservatory of Music

P.O. Box 583, Mount Forest ON N0G 2L0 866.889.8807 registrar@cncm.ca www.cncm.ca

2018 - 2019 Examination

Office Use

Examination Venue Requested:

EXAMINATIONS WILL BE SCHEDULED AT THIS VENUE OR A VENUE IN THE CLOSE PROXIMITY Venue is subject to approval by CNCM

Venue

Examination Session: [] Winter [] Spring [] Summer
Deadline: December 1, 2018 March 1, 2019 June 1, 2019

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

Exam Code: _____ Grade: _____ Subject (Theme Exam): _____

Student Information: [] NEW [] New Address

Candidate Number: _____ Birthday dd/mm/yy _____

Surname First Name and Middle Initials
Street Address
City
Province Postal Code Telephone
Email

Teacher Information: [] NEW [] New Address

Surname First Name and Middle Initials
Street Address
City
Province Postal Code Telephone
E-mail Address

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

PAYMENT: Full payment by cheque, money order must accompany this application. Please make cheque payable to CNCM. TOTAL FEE ENCLOSED: _____

The signatory agrees to ensure that all conditions, rules and regulations pertaining to the examination are followed. No post dated cheques.

Signature of Parent/Teacher: _____ Date: _____