

# Cecchetti Council of America- Ohio Committee

## Request for Escrow

Student Name: \_\_\_\_\_

Sponsor Teacher: \_\_\_\_\_ Sponsor Phone: \_\_\_\_\_

Cecchetti Exam Level: \_\_\_\_\_ Date of Missed Exam: \_\_\_\_\_

Reason for Missing Exam: \_\_\_\_\_

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(Please attach Doctor's Excuse)

Please mail within 2 weeks of missed exam to:

Stephanie Denen, Registrar  
1721 Coitsville Hubbard Road  
Youngstown, Ohio 44505

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