

Cecchetti Council of America- Ohio Committee
Request for Escrow

Student Name: _____

Cecchetti Exam Level: _____ Date of Missed Exam: _____

Reason for Missing Exam: _____

Sponsor Teacher: _____

Sponsor Phone: _____ Sponsor Email: _____

(Please attach Doctor's Excuse or Appropriate Documentaion)

Please mail within 2 weeks of missed exam to:

Stephanie Denen, Registrar

396 Elizabeth St

Hubbard, Ohio 44425

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