



ST. CECILIA EXAMINATIONS

DIPLOMA ENTRY FORM 2010

Return this fully completed entry form to PO Box 938 Launceston Tasmania 7250 Australia

Examination Centre _____

Examination Session: *Month* _____ *2010*

Your Full Name: *First* _____

Middle Initial _____ *Last Name:* _____

Your Full Postal Address: _____

_____ P/Code: _____

Telephone No: () _____ Fax No: () _____

Mobile No: _____

Email Address: _____

Diploma Details: Please ✓ appropriate diploma.

Dip.SCSM (Performance)..... A\$450.00

Fellowship F.Dip.SCSM A\$600.00

Fee of \$ _____ is attached to this entry form.

By signing this Diploma Entry Form, I acknowledge reading and abiding by the examination regulations and requirements and understand and accept that the examiners' decision is final.

Signed: _____ Date: _____