



## ST. CECILIA EXAMINATIONS

# DIPLOMA ENTRY FORM 2010

Return this fully completed entry form to PO Box 5937, Lambton Quay 6145 Wellington New Zealand

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)..... NZ\$450.00

Fellowship F.Dip.SCSM ..... NZ\$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: \_\_\_\_\_