ST. CECILIA EXAMINATIONS NZ

DIPLOMA ENTRY FORM 2026

Return this entry form to SCSM C/- Bouman Studios, 273 York Place, City Rise, Dunedin 9016 NZ

Franciscotion Contra	
Examination Centre	
Examination Session: Month:	_ 2026
Your Full Name: First	
Middle Initial Last Name	
Your Full Postal Address:	
P/Code:	
Full Telephone No:	
·	
Email Address:	
Diploma Details: Please ✓ appropriate diploma. [] Certificate of Music Teaching*	
* Instrument: Duet Diplomas please	add 10%
Fee Payment of \$ is attached to this entry fo	rm.
By signing this Diploma Entry Form, I, the above-named candidate, acknowledge that I hav accepted the current examination syllabus regulations and requirements. I understand that the decision is final in all cases. I accept that examination fees will not be refunded or credited.	

Signed by Candidate: _____

Date: _____