

Fiche d'inscription / Centre d'examen : ALLIANCE FRANÇAISE DE CHICAGO

Date of the exam :

| Diplomas | | | | |
|--|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| If you have previously taken the DELF/DALF, please write your code here: _____ - _____ | | | | |
| DELF | <input type="checkbox"/> A1 | <input type="checkbox"/> A2 | <input type="checkbox"/> B1 | <input type="checkbox"/> B2 |
| DALF | <input type="checkbox"/> C1 | | <input type="checkbox"/> C2 | |
| DELF Junior | <input type="checkbox"/> A1 | <input type="checkbox"/> A2 | <input type="checkbox"/> B1 | <input type="checkbox"/> B2 |
| DELF Prim | <input type="checkbox"/> A1.1 | <input type="checkbox"/> A1 | <input type="checkbox"/> A2 | |

| Tests | | | | |
|---|--|--|---|---|
| TCF TP: | <input type="checkbox"/> Compulsory test | <input type="checkbox"/> Optional "production orale" | <input type="checkbox"/> Optional "production écrite" | |
| TCF ANF: | <input type="checkbox"/> Compulsory four sections | | | |
| TCF DAP: | <input type="checkbox"/> Compulsory sections | | | |
| TEF Canada | <input type="checkbox"/> Compréhension écrite | <input type="checkbox"/> Compréhension orale | <input type="checkbox"/> Production écrite | <input type="checkbox"/> Production orale |
| | Cochez une motivation: <input type="checkbox"/> Académique <input type="checkbox"/> Etude en France <input type="checkbox"/> Immigration au Canada | | | |
| | <input type="checkbox"/> Immigration au Québec <input type="checkbox"/> Accès à la nationalité Française | | | |
| | <input type="checkbox"/> Accès à la nationalité canadienne <input type="checkbox"/> Individuelle <input type="checkbox"/> Professionnelle | | | |
| Numéro du passeport ou Titre de séjour ou Carte Nationale d'Identité : | | | | |

Male Female

First name: Last name: (Maiden name:))

Nationality: Mother tongue:

Date of birth (MONTH/DD/YYYY, example MAY 15th 1982):

Place of birth (City, Country):

Address:

City/State/Zip:/...../..... Country:

Phone: Email address:

Are you a member of the Alliance Française de Chicago? Yes No

Registration fees: \$.....

Method of payment: cash check* MasterCard Visa Discover

Card Number: CVV:

Expiration date: / Printed name on credit card:

Incomplete applications will not be considered.

There will be no refunds, credits for a different test date or reimbursement for absences.

Date (MM/DD/YYYY) :

Signature :

(Please type your name if you are not able to sign)

* check payable to the **Alliance Française de Chicago**

Exam registration : In person: 810 North Dearborn Street, Chicago, IL 60610

By phone: (312) 337-1070 / By fax: (312) 337 3019

By email: certifications@af-chicago.org