

REGISTRATION FORM DELF/DALF



EXAM DATE: / /

| 1. Select level: P | | 41.1 | | ⊔ AZ | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------|--------------------------------------------------|---------------------------------------------------|-----------------------|----------------|
| Jı | unior | | □ A1 | □ A2 | □ B1 | □ B2 |
| Fill out the pres Attach a copy of | | | form (CAPI | TAL LETTERS ON | ILY). | |
| PERSONAL DETAILS | | | | | | |
| FAMILY NAME | | | | | | |
| FIRST NAME | | | | | | |
| DATE OF BIRTH | | / | / | | | |
| CITY OF BIRTH | | | | | | |
| COUNTRY OF BIRTH | | | | | | |
| MOTHER TONGUE | | | | | | |
| NATIONALITY | | | | | | |
| PHONE NUMBER/ | | | | | | |
| WHATSAPP NUM (if different) | /// | | | | | |
| E-MAIL | | | | | | |
| For candidates who already presented a DELF exam | DELF candidate number: | | | | | |
| | | DIII | EC & DEC | ULATIONS | | |
| This is an official notification Dates and timings cannot be All candidates must be presented. On the day of the exam, all | e changed a sent 15 min | ernational and no ref utes befor | examination. und will be ma e the exam sta | de in case of absence irts. No entry will be a | allowed once the exar | n has started. |
| ☐ I have read and I accep | | | | | | |
| ■ I accept to receive information about Centre Franco Omanais' DELF exams and courses. | | | | | | |
| | | | | | | |

Signature: