

DEL F & DAL F REGISTRATION FORM 2018

Surname: _____ First name: _____
 Sex: ☐ male ☐ female Date of birth: ____ / ____ / ____
 City of birth: _____ Country of birth: _____ Nationality: _____
 Address: _____ Suburb: _____ Postcode: _____
 Phone: _____ Email: _____ Mother tongue: _____
 Motivation: ☐ Certification ☐ Passion for French ☐ French citizenship ☐ Immigration ☐ Other ()
 I am: ☐ a current student of AF Melbourne ☐ a current member of AF Melbourne ☐ none
 How did you hear about the DEL F/DAL F exams?
 Did you/Are you planning to prepare for the exam?
☐ Yes. How? _____ ☐ No. Why? _____

Did you know? We offer French language courses, collective or private, for all levels. Ask our staff for more details.

If you have already sat for units of DEL F or DAL F, diplomas sat for: ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2

Please send this form to coursecoordinator@afmelbourne.com.au before the registration closing date.

DEL F & DAL F		DEL F PRIM	
<input type="checkbox"/> May session	<input type="checkbox"/> November session	<input type="checkbox"/> May session	<input type="checkbox"/> October session
<input type="checkbox"/> A1 \$200		<input type="checkbox"/> A1.1 Prim \$135	
<input type="checkbox"/> A2 \$200		<input type="checkbox"/> A1 Prim \$135	
<input type="checkbox"/> B1 \$250		<input type="checkbox"/> A2 Prim \$135	
<input type="checkbox"/> B2 \$250		DEL F JUNIOR	
<input type="checkbox"/> C1* \$300		<input type="checkbox"/> June session	<input type="checkbox"/> October session
<input type="checkbox"/> C2* \$300		<input type="checkbox"/> A1 Junior \$150	
		<input type="checkbox"/> A2 Junior \$150	
		<input type="checkbox"/> B1 Junior \$175	
		<input type="checkbox"/> B2 Junior \$175	
*Spécialisation pour C1 et C2 : <input type="checkbox"/> lettres, sciences humaines <input type="checkbox"/> sciences			

TERMS & CONDITIONS

- Registrations **without payment** will not be processed.
- Cancellations and deferrals **prior** to the registration closing date must be made in writing and a **\$50 processing fee will be charged. No refund, credit note, deferral or transfer** will be granted **after** the registration closing date.

☐ I agree with these Terms & Conditions.

Payment by ☐ cheque ☐ cash ☐ visa ☐ mastercard ☐ other (please specify:)
 Card number: - - - Expiry date: / CVV:
 Name of card holder: **Total amount: \$**
 Date: Signature: