**DELF & DALF 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 DELF/DALF 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 DELF or DALF, diplomas sat for:  A1  A2  B1  B2  C1  C2

Please send this form to [coursecoordinator@afmelbourne.com.au](mailto:coursecoordinator@afmelbourne.com.au) **before the registration closing date**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DELF & DALF** | | | **DELF PRIM** | | |
| May session  November session | | | May session  October session | | |
|  | A1 | **$200** |  | A1.1 Prim | **$135** |
|  | A2 | **$200** |  | A1 Prim | **$135** |
|  | B1 | **$250** |  | A2 Prim | **$135** |
|  | B2 | **$250** | **DELF JUNIOR** | | |
|  | C1\* | **$300** | June session  October session | | |
|  | C2 \* | **$300** |  | A1 Junior | **$150** |
|  |  |  |  | A2 Junior | **$150** |
| *\*Spécialisation pour C1 et C2 :* | | |  | B1 Junior | **$175** |
| *lettres, sciences humaines*  *sciences* | | |  | B2 Junior | **$175** |

**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: