fi: af french institute alliance française

Registration Form DELF All Audiences and DALF – Session Juin Décembre

Candida	ate's Code (if	you have pre	viously taken the DE	LF/DALF) :			
<u>Please v</u>	<mark>vrite clearly to</mark>	<mark>avoid errors</mark>	on your certificate-T	<u>^Chank you</u>			
Informa	ntion (as it app	pears on your	passport or birth cer	rtificate)			
Title	\square Mr.	\square Mrs.	\square Ms.				
First Name:			Last Name:	Last Name:			
Date of Birth:			(e.g: November 11, 1999)				
Place of Birth - City:			State: (write out)				
Country of Birth: N			_ Nationality(ies): _	Nationality(ies):			
Native to	ongue:		(one only)				
Present A	Address:			Zip Code:			
City: State/Country: (write out)							
□Home	Phone or \Box C	ell Phone:	U Wo	ork Phone:			
Email A	ddress:						
	onal Status:		Commerce □Full-time	e Employee □Freelance □Teacher			

Exam(s) to take									
Exam Level(s)	□A1	\Box A2	□ B1	□B2					
□C1 Humanities & Social Studies □C1 Sciences									
□C2 Humanities & Social Studies □C2 Sciences									
Note: If you choo	se more than	one level,	make sure the	e dates do not overlap.					
Reason(s) for taking the exam, check all that apply?									
☐ For immigration to Canada or Quebec (at least take the DELF B1)									
☐ For admission to French Universities (at least take the DELF B2)									
☐ For Teaching A	Assistant Prog	gram in Fra	nce (TAPIF)	(at least take the DELF B1)					
☐ For certification of my French-language skills for personal reasons									
<u>Payment</u>									
□I will pay with □Amex □MC □Visa #									
				Expiration Date:/					
☐I will pay with	Check/Mone	y Order to	FIAF	Amount :					
☐ I understand that the exam fee is non-refundable. Signature									

<u>Special request</u> (impaired vision or hearing – incapacity to write due to injury - others) Please email a medical note to Ms. Voahangy Siraisi – <u>vsiraisi@fiaf.org</u>

Registration procedure/Ways to register

- 1. Fill out and email your registration form to languagecenter@fiaf.org
- 2. Pay by check/money order to FIAF by mailing it to **Voahangy Siraisi** (**re: DELF**) at FIAF, 22 East 60th Street New York, NY 10022.

Your registration is confirmed once the payment of your exam fee is processed.

You will receive a notification with time, room numbers, and important information concerning your exam after the registration deadline has passed.

Merci et à bientôt!