

# Alliance Française de Chicago

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

**Date of the exam :** .....

<b><u>DELFDALF</u></b>				
If you have previously taken the DELF/DALF, please write your code here: _____ - _____				
<b>DELFD Junior</b>	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2
<b>DELFD Prim</b>	<input type="checkbox"/> A1.1	<input type="checkbox"/> A1	<input type="checkbox"/> A2	
<b>DELFD</b>	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2
<b>DALFD</b>	<input type="checkbox"/> C1 Lettres et Sciences humaines		<input type="checkbox"/> C2 Lettres et Sciences humaines	
	<input type="checkbox"/> C1 Sciences		<input type="checkbox"/> C2 Sciences	

<b><u>TCF</u></b>			
<b>TCF TP:</b>	<input type="checkbox"/> Compulsory test	<input type="checkbox"/> Optional Speaking test	<input type="checkbox"/> Optional Writing test
<b>TCF ANF:</b>	<input type="checkbox"/> Compulsory Listening and Speaking test		
<b>TCF DAP:</b>	<input type="checkbox"/> Compulsory test		

## **Personal information**

Male  Female

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

Nationality: ..... Mother tongue: .....

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Address: .....

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

Telephone (home): ..... Telephone (cell):.....

Email address: .....

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

Place of birth (City, Country): .....

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

Registration fees: \$.....(Information available at <http://www.af-chicago.org/CLASSES/certifications.php>)

Method of payment:  cash  check\*  MasterCard  Visa  Discover

Account number: .....

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 : .....

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

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

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

By email : [certifications@af-chicago.org](mailto:certifications@af-chicago.org)