

Alliance Française de Chicago

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

Date of the exam :

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

<u>Tests</u>				
TCF TP:	<input type="checkbox"/> Compulsory test	<input type="checkbox"/> Optional "production orale"	<input type="checkbox"/> Optional "production écrite"	
TCF ANF:	<input type="checkbox"/> Production orale			
TCF DAP:	<input type="checkbox"/> Compulsory test			
TEF Canada	<input type="checkbox"/> Compréhension écrite	<input type="checkbox"/> Compréhension orale	<input type="checkbox"/> Production écrite	<input type="checkbox"/> Production orale
	Cochez une motivation: <input type="checkbox"/> Académique <input type="checkbox"/> Etude en France <input type="checkbox"/> Immigration au Canada			
	<input type="checkbox"/> Immigration au Québec <input type="checkbox"/> Accès à la nationalité Française			
	<input type="checkbox"/> Accès à la nationalité canadienne <input type="checkbox"/> Individuelle <input type="checkbox"/> Professionnelle			
Numéro du passeport ou Titre de séjour ou Carte Nationale d'Identité :				

Male Female

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

Nationality: Mother tongue:

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

Place of birth (City, Country):

Address:

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

Phone:..... Email address:

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

Registration fees: \$.....

Method of payment: cash check* MasterCard Visa Discover

Card 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