REGISTRATION

□ Mr □ Mrs □ Miss □ Ms

FIRST NAME: _____________________ LAST NAME: _____________________

OCCUPATION: ____________________

ADDRESS: __________________________________________________________________________
___________________________________________________________________________

PHONE NUMBER: ___________ EMAIL ____________________________

NATIONALITY __________________________________________________________

DATE OF BIRTH: __________ CITY AND COUNTRY OF BIRTH: _____________________

WHERE DID YOU HEAR ABOUT DELF/DALF? __________________________________________

WHAT IS YOUR PURPOSE? □ CERTIFICATION ONLY □ WORK □ STUDY IN FRANCE
□ OTHER: __________________________

IF YOU HAVE ALREADY PASSED UNITS OF DELF OR DALF, PLEASE FILL IN THIS SECTION

REGISTRATION NUMBER: __________________________

UNITS PASSED: A1 □ A2 □ A3 □ A4 □ A5 □ A6 □ B1 □ B2 □ B3 □ B4 □
OR (new version) A1 □ A2 □ B1 □ B2 □ C1 □ C2 □

WHICH YEAR? __________ IN WHICH COUNTRY? ______ ______ ______

I WOULD LIKE TO SIT FOR: __________________________ (Month)

DELF - DALF
□ A1 □ A2 □ DELF Prim’ □ A1.1 □ A1 □
TP □ B1 □ B2 □ A2 □
JUNIOR □ C1* □ C2* □

A $12 shipping fee will be added the cost of the test, to mail your certificate

SIGNATURE: ____________________________ Date: ______________

Office Use Only: Registration number: __________________________
Receipt Number ___________ Amount ___________