



Test de Connaissance du Français (TCF)

REGISTRATION FORM

Date of test: ___ / ___ / ___ /

Must be returned to Alliance Française de Denver 571 Galapago Street Denver CO 80204

303.831.0304 reception@afdenver.org

Please print clearly

Last Name: _____ First Name: _____

Date of birth: ___ / ___ / _____
month/ day /year

Title: Mr Mrs Ms

Town of birth: _____ Country of birth: _____ Citizenship: _____

Native language: _____

Address: _____

City: _____ Zip code: _____ State: _____

Phone number: _____ Email: _____

| Type of test | Amount paid |
|--|-------------|
| <input type="checkbox"/> TCF TP (All audiences) Compulsory Tests only | |
| <input type="checkbox"/> TCF TP (All audiences) Compulsory Tests + Oral | |
| <input type="checkbox"/> TCF TP (All audiences) Compulsory Tests + Written | |
| <input type="checkbox"/> TCF TP (All audiences) Full exam | |
| <input type="checkbox"/> TCF Québec Listening Comprehension | |
| <input type="checkbox"/> TCF Québec Reading Comprehension | |
| <input type="checkbox"/> TCF Québec Oral | |
| <input type="checkbox"/> TCF Québec Written | |
| <input type="checkbox"/> TCF Québec Full exam | |
| <input type="checkbox"/> TCF Canada Full exam | |
| <input type="checkbox"/> TCF ANF | |
| <input type="checkbox"/> TCF DAP | |
| <input type="checkbox"/> I wish to receive my certificate mailed domestically (\$12) | |
| TOTAL FEE | |

**Please note that in order for your registration to be accepted, you will need to send a ID photo with this form:
jpg or bmp or png, 300dpi, mini 248 x 349 pixels, maxi 4 Mb.**

Signature of candidate: _____

Date of registration: ___ / ___ / ___ /

Inscription traitée par: _____ le ___ / ___ / ___ /

Declaration by Candidate - PLEASE READ CAREFULLY BEFORE SIGNING .

1. I understand that the fee is non refundable and cannot be transferred to a future examination session.
2. It is the candidate's responsibility to check that their names and details are correct on the confirmation of enrollment, as they appear on their passport. The same details will appear on the attestation.
3. Once set, the schedule of oral examination dates and times may not be altered.
4. Candidates should arrive at the time indicated on the notification of examination timetable, which they will be receiving by email, and wait at the reception desk until the teacher or the coordinator accompany them to the examination class. Late arrivals will NOT be accommodated.
5. Oral examinations may be taken late in the evening. There may be a long gap between a candidate's written and oral examinations. I understand that my oral examination will be recorded.
6. Candidates will be required to bring official proof of identity on their examination day and the notification of examination timetable. Only passports, national ID cards and photo drivers licenses will be accepted. Failure to produce one of the above-mentioned cards will deny candidates access to the examination room.
7. Results will be available four to six weeks after the examination day. Candidates will be informed by email when we will receive the results. No scores will be given by email or phone to candidates.
8. "Attestations" must be collected by the candidate at the examination centre within 4 weeks of notification and with official proof of identity. Certificate will be sent by post only upon request and if the postage has been paid by the candidate.
9. I understand that exam dates may be subject to alterations or cancellations in cases of force majeure. Due to insufficient number of candidates, the Institute reserves the right to cancel the exam.

"I agree to be bound by the regulations for the TCF examinations"

Signature of candidate: _____

Date: ___ / ___ / ___ /