Registration Form

<table>
<thead>
<tr>
<th>TEFAQ (Quebec)</th>
<th>TEF CANADA</th>
<th>TEF IRN</th>
<th>TEF</th>
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</thead>
<tbody>
<tr>
<td>☐ Reading Comprehension</td>
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<tr>
<td>✓ Listening Comprehension</td>
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<td>☐ Written Expression</td>
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<td>✓ Oral Expression</td>
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</tbody>
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Electronic Certificate  
Electronic Certificate  
Electronic Certificate  
Electronic Certificate

Date of session

| M | M | D | D | Y | Y | Y | Y |

CIVIL STATUS (capital letters, one per box)

☐ Ms.  ☐ Mrs.  ☐ Mr.

Passport # or State ID #

Last name*

First name*

Maternal language*

Birth date*  
Nationality*

| M | M | D | D | Y | Y | Y | Y |

CURRENT ADDRESS

Postal code  
City

State*  
Country**

Telephone**  
Email**

Motivation:

☐ Academic  ☐ Immigration to Canada  ☐ Access to French Nationality  ☐ Individual

☐ Study in France  ☐ Immigration to Quebec  ☐ Residence in France  ☐ Professional

☐ Access to Canadian Citizenship  ☐ Republican Integration Contract

* Mandatory data on the certificate: Report errors/modifications on the day of the test; NO corrections can be made once the certificate has been produced.

** Mandatory data

SIGNATURE

✓ I have read and accept the conditions of registration and the exam that have been communicated to me.
✓ I swear to the accuracy of the information provided.

Date: __________________________ Signature: __________________________