

### Registration Form

<b>TEFAQ (Quebec)</b>	<b>TEF CANADA</b>	<b>TEF for French Citizenship</b>	<b>TEF</b>
<input type="checkbox"/> Reading Comprehension <input checked="" type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression <input checked="" type="checkbox"/> Oral Expression  <b>Electronic Certificate</b>	<input checked="" type="checkbox"/> Reading Comprehension <input checked="" type="checkbox"/> Listening Comprehension <input checked="" type="checkbox"/> Written Expression <input checked="" type="checkbox"/> Oral Expression	<input checked="" type="checkbox"/> Reading Comprehension <input checked="" type="checkbox"/> Listening Comprehension <input checked="" type="checkbox"/> Written Expression <input checked="" type="checkbox"/> Oral Expression  <b>Electronic Certificate</b>	<input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Vocabulary & Structure <input type="checkbox"/> Written Expression <input type="checkbox"/> Oral Expression

Date of session

/  /   
 M M D D Y Y Y Y ← All dates on this form

**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 Citizenship       Individual  
 Study in France       Immigration to Quebec       Access to Canadian Citizenship       Professional

\* 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: \_\_\_\_\_