Registration Form
DELF/DALF All Audiences – Session ☐ June ☐ December

Candidate’s Code (if you have previously taken the DELF/DALF): _ _ _ _ _ _ - _ _ _ _ _ _

Please write clearly to avoid errors on your certificate

Information (as it appears on your passport or birth certificate)

Sex: ☐ Male ☐ Female ☐ Preferred not to answer

Last Name: ______________________ First Name: ______________________

Date of Birth (use this format: November 11, 1999): ______________________

Country of Birth: __________________ State (write out): __________________

Place of Birth - City: __________________ Nationality(ies)(2 max): __________

Native tongue (only one): ____________________________

Current Address: ____________________________ Zip Code: ______

City: __________________ State/Country (write out) : __________________

☐ Home Phone or ☐ Cell Phone: ____________________________

Email Address: ____________________________

Professional Status: ☐ Business ☐ Commerce ☐ Full-time Employee ☐ Freelance ☐ Teacher
☐ Student ☐ Unemployed ☐ Other

Exam(s) to take

Exam Level(s) ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2

Note: If you choose more than one level, make sure the dates do not overlap.
Reason(s) for taking the exam, check all that apply?

- For French Citizenship (at least take the DELF B1)
- For personal reasons
- For admission in a school or University in my country
- For admission in a school or University in a French speaking country
- For admission in a French University (at least take the DELF B2)
- For immigration to Canada or Quebec (at least take the DALF C1)
- For immigration to France
- For Teaching Assistant Program in France (TAPIF) (at least take the DELF B1)

Payment

- I understand there is a $5.00 administrative fee in addition to the exam fee.

I Pay with  

- Amex  
- MC  
- Visa #  

Name on card:  

Expiration Date: _ _ / _ _  

CVV:  ____

Amount:  _____________

- I understand that the exam fee is non-refundable.  

Signature  __________________________

Special request (impaired vision or hearing – incapacity to write due to injury - others)

Please email a medical note to Guillaume Lefèvre – glefevre@fiaf.org

Registration procedure/Ways to register

Fill out and email your registration form to Guillaume Lefèvre – glefevre@fiaf.org

Your registration is confirmed once the payment of your exam fee is processed.

You will receive a notification with time, room numbers, and important information concerning your exam 10 days prior to the exam date.

Merci et bonne chance!