Registration Form

<table>
<thead>
<tr>
<th>TEF CANADA</th>
<th>TEF IRN</th>
<th>TEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Reading Comprehension</td>
<td>✓ Reading Comprehension</td>
<td>□ Reading Comprehension</td>
</tr>
<tr>
<td>□ Listening Comprehension</td>
<td>✓ Listening Comprehension</td>
<td>□ Listening Comprehension</td>
</tr>
<tr>
<td>□ Written Expression</td>
<td>✓ Written Expression</td>
<td>□ Vocabulary &amp; Structure</td>
</tr>
<tr>
<td>□ Oral Expression</td>
<td>✓ Oral Expression</td>
<td>□ Written Expression</td>
</tr>
</tbody>
</table>

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
- Study in France
- Immigration to Canada
- Immigration to Quebec
- Access to Canadian Citizenship
- Access to French Nationality
- Residence in France
- Republican Integration Contract
- Individual
- 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: