



french institute
alliance française

Registration form DELF Prim

Candidate's Code (if you have previously taken the DELF Prim): _____ - _____

Complete Beginner (A1.1)

Beginner (A1)

Advanced Beginner (A2)

Information (as it appears on your birth certificate)

Gender: Boy Girl Prefer not to answer

Last Name: _____

First Name (and middle name): _____

Date of Birth (e.g: November 11, 1999): _____

Country of Birth: _____

City of Birth: _____

Nationality 1: _____ Nationality 2: _____

Native tongue: _____

Parent/Guardian's Name: _____

Street Address: _____

Zip Code: _____ City: _____ State: (write out) _____

Parent/Guardian's Phone #: _____

Parent/Guardian's Email Address: _____

French Institute Alliance Française
Language Center
languagecenter@fiaf.org
646-388-6612

fi:af

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Payment

Delf prim A1.1 => \$125. Delf Prim A1 => \$135 Delf Prim A2 => \$ 145.

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 Nadège Hispa – nhispa@fiaf.org

Registration procedure/Ways to register.

Fill out and email your registration form to Nadège Hispa– nhispa@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!

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