



## **Registration Form**

DELF/DAI	L <b>F All A</b>	udiences –	Session:	<b>1</b> June 2024	or $\square$ Dece	ember 2024	
Candidate	e's Code (if	you have previ	ously taken the	e DELF/DALF)	:		
	<u>Ple</u>	<mark>ase write clearl</mark>	<mark>y to avoid erro</mark>	ors on your certi	<mark>ificate</mark>		
<u>Information</u> (as it a	ppears on y	our passport or	birth certifica	te)			
Gender: ☐ Ma	ale 🗖	Female $\Box$	Prefer not to a	nswer			
Last Name:							
First Name:							
Date of Birth (use th	is format: N	Jovember 11, 19	999):				
Country of Birth:			State (wr	State (write out):			
Place of Birth - City:			Native to	Native tongue (only one):			
Nationality(ies)(2 ma	ax):						
Current Address:				Zij	p Code:		
City:			State / Co	ountry (write ou	ıt):		
☐ Home Phone or ☐	Cell Phone	e:					
Email Address:							
Exam(s) to take							
Exam Level(s):	<b>□</b> A1	□A2	<b>□</b> B1	<b>□</b> B2	<b>□</b> C1	$\Box$ C2	
Note: If you choose	more than o	one level, make	sure the dates	do not overlap.			

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## Reason(s) for taking the exam, check all that apply?

☐ For French Citizenship (at least take the DELF B1)
☐ 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
☐ For personal reasons
☐ For immigration to Canada or Quebec
☐ For immigration to France
☐ For Teaching Assistant Program in France (TAPIF) (at least take the DELF B1)
<u>Payment</u>
☐ I understand that the exam fee is <i>non-refundable</i> . Signature:
☐ I understand that 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 choose the extra \$20.00 shipping costs for the diploma.
☐ I will come and pick up my diploma in person at FIAF Manhattan.
<u>Special request</u> (impaired vision or hearing – incapacity to write due to injury - others)  Please email a medical note to the Language Center with your registration form - <u>languagecenter@fiaf.org</u> .
Registration procedure
Fill out and email your registration form to Language Center - <u>languagecenter@fiaf.org</u> .

Merci et bonne chance!

You will receive a notification with time, room numbers, and important information concerning your exam 7 days prior to the exam date. Please make sure to be completely free and available on the day of your exam.

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

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