



TCF - Test de Connaissance du Français <u>REGISTRATION FORM / FICHE D'INSCRIPTION</u>

Mail Completed Form With Payment to : AFD / FIM 31700 W. 13 Mile Rd., Suite 100, Farmington Hills , MI 48334

Email Form to: afd@afdetroit.org

Register by phone: 248-538-5440

Pay online through the website-Exam Center: www.afdetroit.org To be return at least 2 weeks before the test date.

Monsieur	J Madai	me 🗖 🛛 Ma	demoiselle			
(Mr)	(Mrs)	(Mis	ss)			
NOM :			PRÉNO	DM :		
(Family Nam	e)		(First Na	ame)		
Nationalité :			Langue	Langue Usuelle :		
(Citizenship)			(Native	e Language)		
Date de nais	sance: jj/mm/	aaaa (dd/mm/yyyy) _	/	Pays de Naissance :		
(Date of birt	h)			(Country of birth)		
Adresse (Str	eet address) :					
Code Postal (ZIP code) :			Ville (C	City) : Etat (State) :		
Portable #(Cell) : E-mail :						
Select your TCF	between the follow	ing options :				
	\$155*/\$175 Com	pulsory Test		\$72* / \$82 TCF Quebec – Oral Comprehension		
٦	\$235* / \$255 Compulsory Test + Oral exam (photo required)			\$72* / \$82 TCF Quebec – Written Comprehension		
	\$235* / \$255 Compulsory Test + Written exam			\$72* / \$82 TCF Quebec – Oral Expression (photo required)		
	\$270* / \$290 Compulsory Test + Written + Oral (photo required)			red) 🗖 \$72* / \$82 TCF Quebec – Written Expression		
	\$230* / \$250 TCF I	RN		\$270* / \$290 TCF Quebec – Full exam (photo required)		
	\$230* / \$250 TCF E	DAP		\$255* / \$275 TCF Canada (passport number required) Passport number		
Date of the exam :				* Members' price		

Circle your reason to take this test: 1- Naturalization ; 2– French residency card ; 3– Level A1 validation ; 4– Studies ; 5-Professional reason ; 6– Immigration to Quebec ; 7-Immigration to Canada ; 8– Other.

Please bring your **ID card** or your **Passport** at the time of exam.

<u>TCF Registration Policy</u>: once a registration is submitted, no refund or credit can be made under any circumstance (unless the Alliance Française of Detroit has to cancel a session of tests you are registered for). When registering to an oral exam a photo jpg format (300dpi) is required. On the test day, to keep everyone safe from Covid-19 we will ask you to comply to our procedures which includes wearing a face mask, temperature checked.

I have read and agree with the TCF policy :
Yes

Authorization signature : ____

Date : ____