



## Registration Form

<u>TEF</u>	<u>TEFAQ</u>	<u>TEF CANADA</u>	<u>TEF Intégration, Résidence, Nationalité</u>
<input type="checkbox"/> Compréhension écrite <input type="checkbox"/> Compréhension orale <input type="checkbox"/> Lexique /structure <input type="checkbox"/> Expression écrite <input type="checkbox"/> Expression orale	<input type="checkbox"/> Compréhension écrite <input type="checkbox"/> Compréhension orale <input type="checkbox"/> Expression écrite <input type="checkbox"/> Expression orale	<input type="checkbox"/> Compréhension écrite <input type="checkbox"/> Compréhension orale <input type="checkbox"/> Expression écrite <input type="checkbox"/> Expression orale	Compréhension écrite Compréhension orale Expression écrite <input type="checkbox"/> Expression orale (épreuves indissociables)

Date of session test

MM / DD / YYYY

**CIVIL STATUS (capital letters)**

<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Nonbinary.  Last name	Passport # or State ID #
---	--------------------------

First name

Maternal language

Birth date

MM / DD / YYYY

Nationality

Current Address

Postal code	City
-------------	------

Telephone	Email
-----------	-------

**MOTIVATION**

- |                                       |   |  |  |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Immigration to Canada          | <input type="checkbox"/> Access to French Nationality    | <input type="checkbox"/> Academic        |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Immigration to Quebec          | <input type="checkbox"/> Residence in France             | <input type="checkbox"/> Study in France |
|                                       | <input type="checkbox"/> Access to Canadian Citizenship | <input type="checkbox"/> Republican Integration Contract |  |

**SIGNATURE**

- ✓ I have read and accept the conditions of registration to the exam that have been communicated to me on the Alliance Française de Détroit website.
- ✓ I swear to the accuracy of the information provided.

Date:

Signature:

(\*) all fields must be completed, signature is mandatory