



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

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 Mademoiselle (Mr) (Mrs) (Miss) NOM: PRÉNOM : (Family Name) (First Name) Langue Usuelle : Nationalité : (Citizenship) (Native Language) Date de naissance : jj/mm/aaaa (dd/mm/yyyy) _____ / _____/ Pays de Naissance : ______ (Country of birth) (Date of birth) Adresse (Street address): Code Postal (ZIP code) : ______ Ville (City) : _____ Etat (State) : _____ Select your TCF between the following options : □ \$175* / \$190 Compulsory Test ☐ \$82* / \$90 TCF Quebec – Oral Comprehension \$255* / \$275 Compulsory Test + Oral exam (photo required) \$82* / \$90 TCF Quebec – Written Comprehension □ \$255* / \$275 Compulsory Test + Written exam /TCF DAP ☐ \$82* / \$90 TCF Quebec – Oral Expression (photo required) \$290* / \$320 Compulsory Test + Written + Oral (photo required) ☐ \$82* / \$90 TCF Quebec – Written Expression □ \$250* / \$275 TCF IRN ☐ \$290* / \$320 TCF Quebec – Full exam (photo required) ☐ \$275* / \$295 TCF Canada (passport number required) Passport number_____ * Members' price Date of the exam: 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. TCF Registration Policy: 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 : ____