



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

Mail C	ompleted	Form Wi	th Paymen	t to : AFD / FIM	31700 \	N. 13 Mile Rd., Suite 100, Farmington Hills , MI 48334
		Emai	Form to :	afd@afdetroit.org	Re	gister by phone: 248-538-5440
Pay onl	line throu	gh the we	bsite-Exam	Center: www.afdet	roit.org	To be return at least 2 weeks before the test date.
Monsieur ☐ (Mr)		Madame Mrs)		Mademoiselle (Miss)		
NOM :				PRÉNO	M :	
(Family Name))			(First Na	ime)	
Nationalité :				Langue	Usuelle	:
(Citizenship)				(Native	Languag	ge)
Date de naiss	ance : jj,	/mm/aaaa	dd/mm/y	/yyy) /	/	Pays de Naissance :
(Date of birth)					(Country of birth)
Adresse (Stree	et addres	s) :				
Code Postal (2	ZIP code)	:		Ville (0	City) :	Etat (State) :
Portable #(Ce	ell) :				E-mail	:
Select your TCF b	oetween the	following o	otions :			
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	\$250* / \$27!	TCF IRN				□ \$290* / \$320 TCF Quebec – Full exam (photo required)
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Date of the exam :						* Members' price
Immigration to I authorize From Registration	o Quebec ; rance Edu on Policy e of Detro	7-Immigra cation Int once a re	ernational	da ; 8- Other. to use my data for is submitted, no ref	training	purpose: Yes No credit can be made under any circumstance (unless the Alliered for). On the test day, we will take a picture of you for
		with the T	CF nolicy :	□ Yes		
I have read and agree with the TCF policy : Yes Authorization signature :						Date :
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