



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 : AllianceFrancaise@frenchinstitute.org **Register by phone :** 248-538-5440

If you want to pay by card, please call the AFD/FIM To be return at least 2 weeks before the test date.

Monsieur Madame Mademoiselle
(Mr) (Mrs) (Miss)

NOM : _____ PRÉNOM : _____
(Family Name) (First Name)

Nationalité : _____ Langue Maternelle : _____
(Citizenship) (Native Language)

Date de naissance : jj/mm/aaaa (dd/mm/yyyy) ____ / ____ / ____ Pays de Naissance : _____
(Date of birth) (Country of birth)

Adresse (Street address) : _____

Code Postal (ZIP code) : _____ Ville (City) : _____ Etat (State) : _____

Fixe # (Home phone) : _____ Portable #(Cell) : _____

E-mail : _____ Are you a student or a member of the AFFIM ? : Yes No

Select your TCF between the following options :

- | | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$155* / \$175 Compulsory Test | <input type="checkbox"/> \$72* / \$82 TCF Quebec – Oral Comprehension |
| <input type="checkbox"/> \$225* / \$255 Compulsory Test + Oral exam (photo required) | <input type="checkbox"/> \$72* / \$82 TCF Quebec – Written Comprehension |
| <input type="checkbox"/> \$225* / \$255 Compulsory Test + Written exam | <input type="checkbox"/> \$72* / \$82 TCF Quebec – Oral Expression (photo required) |
| <input type="checkbox"/> \$270* / \$290 Compulsory Test + Written + Oral (photo required) | <input type="checkbox"/> \$72* / \$82 TCF Quebec – Written Expression |
| <input type="checkbox"/> \$155* / \$175 TCF ANF | <input type="checkbox"/> \$260* / \$290 TCF Quebec – Full exam (photo required) |
| <input type="checkbox"/> \$230* / \$255 TCF DAP | <input type="checkbox"/> \$255* / \$275 TCF Canada (passport number required) |
| | Passport number _____ |

Date of the exam : _____

* Members' price

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 French Institute of Michigan has to cancel a session of tests you are registered for). When registering to an oral exam a photo jpg format (300dpi) is required.

I have read and agree with the TCF policy : Yes

Authorization signature : _____ Date : _____