AllianceFrançaise de Détroit
French Institute of Michigan

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 ❒ (Mr) Madame ❒ (Mrs) Mademoiselle ❒ (Miss)

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

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

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

- ❒ $155* / $175 Compulsory Test
- ❒ $225* / $255 Compulsory Test + Oral exam (photo required)
- ❒ $225* / $255 Compulsory Test + Written exam
- ❒ $270* / $290 Compulsory Test + Written + Oral (photo required)
- ❒ $155* / $175 TCF ANF
- ❒ $230* / $255 TCF DAP
- ❒ $72* / $82 TCF Quebec – Oral Comprehension
- ❒ $72* / $82 TCF Quebec – Written Comprehension
- ❒ $72* / $82 TCF Quebec – Oral Expression (photo required)
- ❒ $72* / $82 TCF Quebec – Written Expression
- ❒ $260* / $290 TCF Quebec – Full exam (photo required)
- ❒ $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 : _____