

FICHE D'INSCRIPTION DELF/DALF

Exam Center : Alliance Française Minneapolis /St Paul

*** Incomplete applications will not be considered.**

I. Exam/Test *:

DELF A1 DELF A2 DELF B1 DELF B2 DALF C1 DALF C2

For the DALF choose *Science* specialty or *Lettres et sciences humaines* specialty

DELF Prim A1.1 DELF Prim A1 DELF Prim A2

DELF junior A1 A2 B1 B2

II. Personal Information (candidate):

** Check all that applies.*

Mr. Ms. Mrs.

First name: Last name:

Maiden name:

Date of birth (MM/DD/YYYY):

Place of birth (City, Country):

Nationality:

Language(s):

Address:

City/State/Zip: Country:

DELF registration number if already assigned: -----

(if you have taken a DELF or DALF exam in the past please use this number)

Parent/guardian information for candidates under 18 years of age:

Telephone (home):

Telephone (cell):

Email address: -----

III. Payment information:

Registration fees /

(Fee information is available on our website at **www.afmsp.org**)

*Please contact our office for payment by Visa or MasterCard.

* Check payable to the **Alliance Française Minneapolis /St Paul** to:

Alliance Française de **Alliance Française Minneapolis /St Paul**, DELF Registration,
113 North 1st Street, Minneapolis, MN 55401

Phone: (612) 332-0436, Fax: (612) 332 0438, Email: bonjour@afmsp.org

There will be no refunds, credits for a different test date or reimbursement for absences.

Date:

Signature (parent/guardian for candidates under 18 years of age):

