

Please note that registration and payment must be made together by the session closing date. No refund possible after the closing date. Late registration may not be accepted and will incur a \$25.00 administration fee. March 09 closing date: 24/02/09

ALLIANCE FRANCAISE DE BRISBANE

DELF DALF REGISTRATION FORM

Please write very clearly as this information will appear on your DELF or DALF diploma.

Mr . Mrs . Miss

SURNAME: _____

GIVEN NAMES: _____

OCCUPATION: _____

ADDRESS: _____

CONTACT NUMBERS: _____

EMAIL _____

Please write very clearly

NATIONALITY: _____

DATE OF BIRTH: _____

CITY OF BIRTH: _____ COUNTRY _____

WHAT IS YOUR PURPOSE?

Please circle

CERTIFICATION ONLY

WORK

STUDY IN FRANCE

OTHER

IF YOU HAVE ALREADY PASSED UNITS OF DELF OR DALF, PLEASE FILL IN THIS SECTION

REGISTRATION NUMBER: _____

UNITS PASSED: A1 A2 A3 A4 A5 A6 B1 B2 B3 B4

Please circle

OR (new version) A1 A2 B1 B2 C1 C2

Please circle

WHICH YEAR? _____ WHICH COUNTRY? : _____

I WOULD LIKE TO SIT FOR:

DELF A1 _ A2 _ B1 _ B2 _ OR

DALF C1* _ C2* _

_ * lettres _ sciences humaines _ * sciences _ (choose one)

\$100 per unit A1/A2

\$120 per unit B1/B2

\$150 per unit C1 or C2

DATE & SIGNATURE:

Registration number: 061 00 _____