

# Fiche d'inscription – TCF

Centre de passation : ALLIANCE FRANÇAISE DE LOS ANGELES

EXAM DATE: .....

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TCF-TP</b> (check only one option) :<br><input type="checkbox"/> Compulsory only<br><input type="checkbox"/> Compulsory + writing<br><input type="checkbox"/> Compulsory + speaking<br><input type="checkbox"/> Full                           |                                                                                                                                                                                      | <b>Purpose</b> (check one option):<br><input type="checkbox"/> Studies<br><input type="checkbox"/> Personnel<br><input type="checkbox"/> other                                                                                                                             |
| <b>TCF-IRN</b> (check only one option) :<br><input type="checkbox"/> Naturalization<br><input type="checkbox"/> Residency<br><input type="checkbox"/> Validate level A1<br>A picture will be taken the day of the exam                            | <b>TCF-Canada</b> (check only one option) :<br><input type="checkbox"/> Immigration and citizenship<br><input type="checkbox"/> other<br>A picture will be taken the day of the exam |                                                                                                                                                                                                                                                                            |
| <b>TCF-Québec</b> (you can check more than one option) :<br><input type="checkbox"/> oral tests (listening comprehension and speaking)<br><input type="checkbox"/> writing expression (EE)<br><input type="checkbox"/> reading comprehension (CE) |                                                                                                                                                                                      | <input type="checkbox"/> listening comprehension (CO)<br><input type="checkbox"/> speaking (EO)<br><input type="checkbox"/> Full version (all options)<br><br><b>Purpose</b> (check one option):<br><input type="checkbox"/> Immigration<br><input type="checkbox"/> other |

☐ Mr ☐ Ms ☐ Mrs      Nationality: .....  
 Last Name: .....      Maiden Name: .....  
 First Name: .....  
 Mailing address: .....  
 .....  
 City/State/Zip code : .....Country: .....  
 Email address: .....  
 Telephone (cell): .....  
 Gender ☐ male ☐ female  
 Date of Birth ( MM/DD/YYYY) .....  
 Place of Birth (City, Country) .....  
 Daily speaking language: .....  
 Passport Number ( For TCF Canada only) .....  
 Method of payment: ☐ Mastercard ☐ American Express ☐ Visa  
 Credit card number: .....  
 Expiration date: ..... CVV: ..... Name on card: .....

Once we receive your application form, we will process the exam payment and send you a receipt. Please note that once payment has been collected by the Alliance Française de Los Angeles, cancellations will no longer be eligible for a refund.

Date (MM/DD/YYYY): ..... Signature: .....