



Alliance Française
de Los Angeles

Fiche d'inscription – TCF

Centre de passation : ALLIANCE FRANÇAISE DE LOS ANGELES

EXAM DATE:

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