



Registration Form DELF/DALF

Exam Center : ALLIANCE FRANCAISE DE DALLAS

- * DELF Prim (8-12 years old): A1.1 A1 A2
- * DELF Junior (12-17 years old): A1 A2 B1 B2
- * DELF TP (Adults): A1 A2 B1 B2
- * DALF TP (Adults): C1 C2

*Check all that apply.

Mr. Ms. Mrs.

Last name: First name:

Maiden name: Nationality:

Languages:

Address:

City / State / Zip:Country:

Telephone (home):Telephone (cell):

Email address:

Birth date (day/month/year) :...../...../...../.....

Birth place (city, country) :

Number of hours of French:

Estimated proficiency level:

Indicate your proficiency in each of the categories (1 = beginner, 2 = intermediate, 3 = advanced)

Listening: _____ Reading: _____ Writing: _____ Speaking: _____

Are you a member of Alliance Française de Dallas? Yes No

Registration fees : \$.....

(more information is available on our website at www.afdallas.org/exams/delf-dalf)

Method of payment: Cash Check Credit Card

Please send this registration form with your payment to:

Alliance Française de Dallas, 10830 N. Central Expressway, suite 252, Dallas, TX 75231

For more information: Ph # (972) 733-0844 or (214) 234-0165 | Email: exams@afdallas.org