

Registration Form

DELF/DALF

Exam Center: ALLIANCE FRANCAISE DE DALLAS

* 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:

Native 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: ____

Reasons for taking the DELF/DALF exam:

Citizenship application Professional requirements

School/Studies in France/French speaking countries

Immigration application to France/French speaking countries Personal motivation

Please send this registration to:

Alliance Française de Dallas, 15150 Preston Road, Suite 250, Dallas, TX 75248

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