DELF EXAM REGISTRATION

CANDIDATE INFORMATION

FAMILY NAME (in ALL CAPS): _____   **Given name**: _____

Birth date (dd MON yy): _____   **Gender**:   ☐ Female ☐ Male

BIRTH COUNTRY (in ALL CAPS): _____   **Nationality**: _____

Birth city: _____   **Native language**: _____

Street address: _____

City, State: _____   **Zip code**: _____

Telephone: _____   **Cellular**: _____

Email address (in ALL CAPS): _____

If you have previously registered to take a DELF Exam, you may have been assigned a "code candidat". You can find it on your DELF certificate. Please provide that here: _____.

Exam level:	☐ A1.1 (DELF PRIM only)	Exam Date:	☐ March	Exam Content:	☐ Tout Public
	☐ A1		☐ June		☐ Junior
	☐ A2		☐ December		☐ Scolaire
	☐ B1 ☐ B2				☐ Prim
	☐ C1 ☐ C2				

Reason for registration (check only one):

☐ Acquisition of nationality   ☐ Personal motivation

☐ Student mobility to other francophone countries   ☐ Student mobility to France

☐ School/studies in the country of origin   ☐ Possible immigration to France

☐ Possible emigration to other francophone country   ☐ Professional needs

Do you require special medical accommodation?

☐ No

☐ **Yes (please contact the Alliance Française de St Louis immediately with details)**

PAYMENT INFORMATION
(continued on next page)

PAYMENT INFORMATION

METHOD OF PAYMENT:

☐ **Bank or cashier's check or money order** made payable to the order of:
l'Alliance Française de St. Louis

Mailing address: 930 N. McKnight Rd., St. Louis, MO 63132

☐ **Credit card** **Exact name on card:** _____

DO NOT WRITE YOUR CREDIT CARD NUMBER ANYWHERE ON THIS FORM. If you wish to pay by credit card, please put your phone number here: _____

☐ Visa   ☐ JCB
☐ Mastercard   ☐ Diners' Club
☐ American Express   ☐ Discover

Paid on (dd MON yy): (office use)   _____
Credit Card Batch Sequence Number: _____

Authorized Signature (this will serve as your official credit card signature):

_____

Please complete ALL fields carefully and legibly, sign above and mail, along with a check (no cash) if paying that way, to:

Alliance Française de St. Louis
930 N. McKnight Rd., St. Louis, MO 63132

You will receive an email from the Exam Coordinator at the Alliance Française de St. Louis at your email account provided above confirming the registration details.

OFFICE USE ONLY

New candidate code (if previous code assigned):   _____
Exam SKU (for accounting use):   _____
Date entered in GAEL (DD/Month/YY):   _____
Email to examinee sent (DD/Month/YY):   _____
Entered in GAEL by (initials):   _____
Sent to DEXT (initials and DD/Month/YY):   _____