

Registration Form

TEFAQ (Quebec)	TEF CANADA	TEF IRN	TEF
<input type="checkbox"/> Reading Comprehension <input checked="" type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression <input checked="" type="checkbox"/> Oral Expression	<input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression <input type="checkbox"/> Oral Expression	<input checked="" type="checkbox"/> Reading Comprehension <input checked="" type="checkbox"/> Listening Comprehension <input checked="" type="checkbox"/> Written Expression <input checked="" type="checkbox"/> Oral Expression	<input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Vocabulary & Structure <input type="checkbox"/> Written Expression <input type="checkbox"/> Oral Expression
Electronic Certificate	Electronic Certificate	Electronic Certificate	Electronic Certificate

Date of session

/ / ← All dates on this form
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CIVIL STATUS (*capital letters, one per box*)

Ms. Mrs. Mr.

Passport # or State ID #

Last name*

First name*

Maternal language*

Birth date*

Nationality*

/ /
 M M D D Y Y Y Y

CURRENT ADDRESS

Postal code

City

State*

Country**

Telephone**

Email**

- Motivation:
- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Immigration to Canada | <input type="checkbox"/> Access to French Nationality | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Study in France | <input type="checkbox"/> Immigration to Quebec | <input type="checkbox"/> Residence in France | <input type="checkbox"/> Professional |
| | <input type="checkbox"/> Access to Canadian Citizenship | <input type="checkbox"/> Republican Integration Contract | |

* Mandatory data on the certificate: Report errors/modifications on the day of the test; NO corrections can be made once the certificate has been produced.

** Mandatory data

SIGNATURE

- I have read and accept the conditions of registration and the exam that have been communicated to me.
- I swear to the accuracy of the information provided.

Date: Signature: