



# Test de Connaissance du Français (Standard TCF)

REGISTRATION FORM – Test Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Area Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: Mr.  Ms.

Date of Birth: \_\_\_\_\_ (please write out)

Place and Country of Birth: \_\_\_\_\_

Nationality (only one): \_\_\_\_\_

Usual Spoken Language (only one): \_\_\_\_\_

I am a FIAF member Membership #: \_\_\_\_\_

I am not a FIAF member

Please circle any amount(s) below

	FIAF members	Non-members
Compulsory Section	\$200	\$215
Optional Oral Expression	\$100	\$115
Optional Written Expression	\$100	\$115
Compulsory Section + Oral + Written	\$350	\$385

I understand there is a \$5.00 administration fee in addition to the exam fee.

Test Fee Payment by credit card only before the registration deadline or email it to Ms. Voahangy Siraisi at [vsiraisi@fiaf.org](mailto:vsiraisi@fiaf.org).

VISA  MC  AMEX  # \_\_\_\_\_ Name on card: \_\_\_\_\_

Expiration Date: Month \_\_ Year \_\_ CVV: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Reason I take the test:  Academic  Personal  Professional  Other \_\_\_\_\_

I've learned about this test by \_\_\_\_\_