DELF EXAM REGISTRATION

CANDIDATE INFORMATION

<table>
<thead>
<tr>
<th>FIELD</th>
<th>INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY NAME (in ALL CAPS)</td>
<td>____________</td>
</tr>
<tr>
<td>Given name</td>
<td>____________</td>
</tr>
<tr>
<td>Birth date (dd MON yy)</td>
<td>____________</td>
</tr>
<tr>
<td>BIRTH COUNTRY (in ALL CAPS)</td>
<td>____________</td>
</tr>
<tr>
<td>Birth city</td>
<td>____________</td>
</tr>
<tr>
<td>Street address</td>
<td>____________</td>
</tr>
<tr>
<td>City, State</td>
<td>____________</td>
</tr>
<tr>
<td>Telephone</td>
<td>____________</td>
</tr>
<tr>
<td>Cellular</td>
<td>____________</td>
</tr>
<tr>
<td>Email address (in ALL CAPS)</td>
<td>___________________</td>
</tr>
</tbody>
</table>

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: ___________________.

<table>
<thead>
<tr>
<th>EXAM LEVEL</th>
<th>EXAM DATE</th>
<th>EXAM CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ A1.1 (DELF PRIM only)</td>
<td>☐ March</td>
<td>☐ Tout Public</td>
</tr>
<tr>
<td>☐ A1</td>
<td>☐ June</td>
<td>☐ Junior</td>
</tr>
<tr>
<td>☐ A2</td>
<td>☐ December</td>
<td>☐ Scolaire</td>
</tr>
<tr>
<td>☐ B1 ☐ B2</td>
<td></td>
<td>☐ Prim</td>
</tr>
<tr>
<td>☐ C1 ☐ C2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for registration (check only one):

☐ Acquisition of nationality
☐ Student mobility to other francophone countries
☐ School/studies in the country of origin
☐ Possible emigration to other francophone country
☐ Personal motivation
☐ Student mobility to France
☐ Possible immigration to France
☐ 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):
________________________________________