



Test de Connaissance du Français (TCF) Registration form

Session: _____

Last name:

First name:

Address:

City:

Zip code:

State:

Main phone number:

Other phone number :

Email address:

Gender: M F

Date of birth: / / MM/DD/YYYY

Place of birth:

Nationality:

Birth language:

Most frequently spoken language:

I am an FIU student **PID # :** _____

Please choose:

	FIU students	Others
<input type="checkbox"/> TCF Tout Public	\$200	\$225
<input type="checkbox"/> TCF Tout Public + Epreuves complémentaires	\$300	\$325
<input type="checkbox"/> TCF ANF	\$200	\$225
<input type="checkbox"/> TCF DAP	\$200	\$225
<input type="checkbox"/> TCF Québec	\$200	\$225

Payment by:

Check (to the order of Florida International University, please bring or send to SLI before the deadline)

Credit Card

Signature: