

# TEF CANADA - Registration Form

TEF CANADA

OC - Oral Comprehension  
OE - Oral Expression  
WC - Written Comprehension  
WE - Written Expression

Date of session

/   /      
M M D D Y Y Y Y

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:

Immigration to Canada  
Immigration to Quebec  
Access to Canadian  
Citizenship  
Individual  
Professional  
Academic

\* 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: \_\_\_\_\_

TEF Canada – Payment information

Please indicate your status and the sections you choose by checking the appropriate boxes:

- I am a student or member at L'Alliance New York. Membership # \_\_\_\_\_
- I am NOT a L'Alliance New York student or member.

	L'Alliance New York Members	Non-Members
Full test with all 4 sections	\$350	\$385
2 sections for Canadian Citizenship	\$265	\$280

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

PAYMENT METHOD

- MasterCard  AMEX  Visa # \_\_\_\_\_

Name on card: \_\_\_\_\_

Exp. Date: \_\_ / \_\_\_\_

CVV: \_\_\_\_\_

PLEASE EMAIL THIS FORM AND A PHOTOCOPY OF YOUR PASSPORT OR YOUR ID TO:

[languagecenter@lallianceny.org](mailto:languagecenter@lallianceny.org)

I understand that should I fail to be present the day of the examination, the fees of the units I have registered for will not be refunded to me.

Candidate's signature \_\_\_\_\_

I heard about the TEF Canada from \_\_\_\_\_