

TEF IRN - Registration Form

Date of session

/ /

M M D D Y Y Y Y ← All dates on
this form

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: | Academic | Access to French Nationality | |
| | Study in France | Residence in France | Individual |
| | | Republican Integration Contract | Professional |
| | | | |

* 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 IRN – Payment information

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

I am a L'Alliance New York student or active member. Membership # _____

I am NOT a L'Alliance New York student/member.

| | L'Alliance Member | L'Alliance Non-member |
|----------------|-------------------|-----------------------|
| All 4 sections | \$350 | \$385 |

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

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 IRN from _____

THANK YOU!