
REGISTRATION FORM

April 2025 June 2025 December 2025

DELFL registration number if you already have one : _____ - _____

Last Name/Nom:

First Name/Prénom:

Address/Adresse:

City/Ville :

State/Etat:

Zip Code/Code Postal:

Phone/Téléphone :

Cell/Téléphone mobile :

Email/Courriel :

Gender/Sexe : male/homme female/femme undefined/indéfini

Date of Birth/Date de naissance : / / (MM/DD/YY - MM/JJ/AA)

City and Country of Birth/ Ville et pays de naissance:

Nationality/Nationalité :

Mother Tongue/Langue maternelle:

Do you have any disability/Avez-vous un handicap: Yes/Oui No/Non

If yes, please email a medical note to alliance@afphila.com.

Reason(s) for taking the exam, check all that apply.

- For professional reasons
- For admission to a French school and/or university
- For French citizenship
- For personal achievement
- Other

PAYMENT

Pricing

- A1 \$135
 - A2 \$145
 - B1 \$155
 - B2 \$190
 - C1 \$245
- I will come get my diploma in person (free of charge)
 - I want my diploma to be sent via mail (+ \$7.00)

Payment/Paiement: _____ **USD**

CHECK/ Cheque _____ (Order/Ordre: Alliance Française)

VISA **MC** **DISCOVER** **No.** _____

Expiration Date/Date d'expiration: **Month/Mois** __ **Year/année** __

Security Code/Code de sécurité :

I understand that registration fees are non refundable if I cancel less than 72 hours before the exam's date.

Date/date:

Signature/signature:

Please fill out and email the form to alliance@afphila.com.

Your registration will be confirmed via email.

If you do not receive an email confirmation within a week, please contact us at alliance@afphila.com or at 215 735 5283.

Merci !