

Pays : Nouvelle Zélande

Session :

Centre d'examen : CHRISTCHURCH

**DELF/DALF Enrolment Form
(DELF Prim/DELF Junior/DELF Pro/DELF-DALF TP)**

Identité du candidat / Student I.D

Madame – Monsieur (please circle)

Nom/Family name _____

Prénom/First name _____

Adresse/Address _____

Code postal/Postal code : _____ Ville/City : _____

Tél (H) _____ (W) _____ Mob _____

E-mail _____

Date et lieu de naissance/Date and place of birth _____/_____/_____

à/in _____ PAYS/COUNTRY _____

NATIONALITE/NATIONALITY _____

If you have already passed some DELF units please fill in this section:

DELF: A1.1 () A1 () A2 () B1 () B2 () **DALF:** C1 () C2 ()

DALF: spécialisation Sciences () ou Lettres ()

Registration number _____

Place and date _____

I would like to sit for:

DELF: A1.1 () A1 () A2 () B1 () B2 () **DALF:** C1 () C2 ()

DALF: spécialisation Sciences () ou Lettres ()

Why are you sitting the DELF/DALF exams (for statistical purposes only) eg. personal goal, immigration, work and study :

Signature de l'étudiant : _____

Office Use Only

Paid: _____

Invoice number: _____