

Mr Ms Mrs : _____

FIRST NAME : _____

DATE OF BIRTH : _____

NATIONALITY : _____

COUNTRY OF BIRTH : _____

MOTHER LANGUAGE : _____

DID YOU ALREADY TAKE THE EXAMINATION OF TCF ? WHEN ?

PREVIOUS TCF CODE (if you already took the examination) _____

Phone number : _____

Email address : _____

Which month do you want to take the examination ? _____

COMPLUSORY TEST : YES NO

ADDITIONAL TEST

Written expression : YES NO

Oral expression : YES NO

COMPULSORY TEST = 78€

ADDITIONAL TEST (written + oral)= 78€

Written expression : 40€

Oral expression : 40€

Please join the payment with your registration. Cheques have to be for the order of IFALPES.

Center of TCF examination (please specify) :

IFALPES CHAMBERY
CHATEAU DE BOIGNE
PARC DE BUISSON ROND,
BP 9, 73017 CHAMBERY CEDEX
Tél : 04 79 85 83 16,
Fax : 04 79 85 13 56
info@ifalpes.fr

IFALPES ANNECY
42 Chemin de la Prairie
74000 ANNECY
Tél : 04 50 45 38 37
Fax : 04 50 45 86 72
infos@ifalpes.fr

Do not forget to contact us one week before the date of the exam for having the confirmation of the exact time.

You have to bring a stamped envelope if you want to receive the results at home.

For the test : **Passport and/or Identity card - Obligatory**