



UNIVERSITY OF CALGARY
DELF Registration Form for High School Students
WHITEHORSE – April 2017

Please print

First Name _____

Last Name _____

Address _____

City and Province _____

Postal Code _____

Telephone _____

Male Female

Citizenship _____

Date of Birth:
Day Month Year

Email* _____

City of Birth _____

Country of Birth _____

School _____

Have you previously registered for a DELF exam?

Yes Candidate Number _____

No

* Please provide a valid Email that is regularly used as all communication will be via Email.

| LEVEL | COST | WRITTEN EXAM ¹ | ORAL EXAM ² |
|----------------------------------|--------------------|--------------------------------|------------------------|
| <input type="checkbox"/> DELF A2 | \$60 ³ | April 26, 2017 – 09:00 - 10:40 | April 26, 2017 – PM |
| <input type="checkbox"/> DELF B1 | \$105 ³ | April 25, 2017 – 09:00 - 10:45 | April 25, 2017 – PM |
| <input type="checkbox"/> DELF B2 | \$105 ³ | April 24, 2017 – 09:00 - 11:30 | April 24, 2017 – PM |

¹ Students must be available for the date and time of the written and oral exams. No changes to the schedule can be made. Location of written examination will be provided in advance via email.

² The exact time and location of the student's oral exam will be provided one week in advance via email. The scheduled time is not interchangeable with others.

³ **The cost of the examination will be covered by the Ministry of Education of Yukon**

TERMS AND CONDITIONS OF REGISTRATION:

- I hereby acknowledge that I am available to write the DELF exam on the dates associated with the level selected.
- I understand that no changes can be made to the schedule.
- Students must show valid picture ID in order to write any portion of the exam.

Name of Student

Signature of Student

Please return form to your teacher

Deadline: March 31, 2017 at 4:00 PM

Questions: delf@ucalgary.ca



**Consent for collection of
personal information – DELF**

The personal information collected on the DELF Registration Form for High School Students will be used to register your child for the DELF examination. The personal information will be disclosed to the Commission Nationale du DELF et du DALF, Ministry of Education (France) for administrative purposes, including registration, examination, grading and awarding of the certificate.

I, being the parent / legal guardian have read the information contained on the registration form and this consent form and do hereby consent on behalf of my child / ward to the use and disclosure of the personal information collected as described.

Child's Name: _____

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Signature: _____

Date: _____

The personal information on this consent form and the DELF registration form is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act. It will be used to administer the DELF examination. If you have any questions about the collection, use or disclosure of this information, please contact the University of Calgary French Centre at 403.220.7226.