

**DFP Registration Form
Truman State University**

Session Date 04/28/2018

Last Name: _____ First Name: _____

Gender: _____ Native Tongue: _____

Citizenship: _____ Date of Birth (MM/DD/YYYY) _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email (please print): _____

| | Truman students | Non-Truman students | TOTAL |
|--|--------------------------------|--------------------------------|--------------|
| Affaires B1 | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$130 | |
| Affaires B2 | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$130 | |
| Relations internationales B1 | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$130 | |
| Relations internationales B2 | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$130 | |
| Tourisme-Hôtellerie-Restauration B1 | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$130 | |
| Tourisme-Hôtellerie-Restauration B2 | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$130 | |
| Médical B2 | <input type="checkbox"/> \$140 | <input type="checkbox"/> \$160 | |
| Juridique B2 | <input type="checkbox"/> \$140 | <input type="checkbox"/> \$160 | |
| Scientifique et technique B1 | <input type="checkbox"/> \$140 | <input type="checkbox"/> \$160 | |
| Mode A2 | <input type="checkbox"/> \$110 | <input type="checkbox"/> \$130 | |
| TOTAL | | | |

Once a registration is submitted, no refund or credit can be made under any circumstances. In case of technical problems on the day of the exam, Truman State University will organize a new session within two weeks, the candidates will arrange their travel at their own expense.

I have read and agreed with the e-DFP policies of Truman State University

Name: _____

Signature: _____ Date: _____

Once your payment is complete, you will receive an email from the DFP coordinator for more details.

Contact information:

Dr. Audrey Viguier

aviguier@truman.edu

Truman State University

Classical & Modern Languages

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